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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

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IN RE: NATIONAL PRESCRIPTION MDL No. 2804  
OPIATE LITIGATION

Case No.  
17-md-2804  
  
Judge Dan Aaron  
Polster

This document relates to:  
The County of Cuyahoga v. Purdue Pharma, et  
al., Case No. 17-OP-45004  
  
City of Cleveland, Ohio v. Purdue Pharma L.P.,  
et al., Case No. 18-OP-45132  
The County of Summit, Ohio, et al. v. Purdue  
Pharma L.P., et al., Case No. 18-OP-45090

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Videotaped Deposition of
GERALD CRAIG
January 11, 2018
9:12 a.m.

Taken at:
Jackson Kelley, PLLC
50 South Main Street, Suite 201
Akron, Ohio

Stephen J. DeBacco, RPR

<p>1 APPEARANCES:</p> <p>2</p> <p>3 On behalf of the City of Akron, Summit County, and the Witness:</p> <p>4</p> <p>5 Motley Rice LLC, by ANNE MCGINNESS KEARSE, ESQ. JODI WESTBROOK FLOWERS, ESQ. 6 ANNIE E. KOUBA, ESQ. DANIELLE M. SALERNO, ESQ. 28 Bridgeside Boulevard Mt. Pleasant, South Carolina 29464 8 (843) 216-9140 akearse@motleyrice.com 9 (843) 216-9163 jflowers@motleyrice.com 10 (843) 216-9225 akouba@motleyrice.com 11 (843) 216-9461 dsalerno@motleyrice.com 12</p> <p>13 On behalf of Cardinal Health:</p> <p>14</p> <p>15 Williams & Connolly, by PAUL E. BOEHM, ESQ. MELINDA JOHNSON, ESQ. 16 Williams & Connolly LLP 725 Twelfth Street Northwest Washington, D.C. 20005 17 (202) 434-5366 pboehm@wc.com 18 (202) 434-5181 mkjohnson@wc.com 19 ~ ~ ~ ~ ~ 20 21 22 23 24 25</p>	<p>Page 2</p> <p>1 APPEARANCES, Continued:</p> <p>2</p> <p>3 On behalf of CVS Rx Services, Inc., and CVS Indiana, LLC:</p> <p>4</p> <p>5 Zuckerman Spaeder LLP, by DANIEL P. MOYLAN, ESQ. 100 East Pratt Street, Suite 2440 6 Baltimore, Maryland 21202-1031 (410) 949-1159 dmoylan@zuckerman.com 7</p> <p>8 On behalf of Walmart, Inc.:</p> <p>9</p> <p>10 Jones Day, by MEREDITH C. KINCAID, ESQ. 1420 Peachtree Street Northeast 11 Suite 800 Atlanta, Georgia 30309-3053 12 (404) 581-8043 mkincaid@jonesday.com 13</p> <p>14 On behalf of Cardinal Health, via Teleconference:</p> <p>15</p> <p>16 Williams & Connolly, LLP, by BRAD MASTERS, ESQ. 725 Twelfth Street Northwest 17 Washington, D.C. 20005 (202) 434-5182 18 bmasters@wc.com 19 ~ ~ ~ ~ ~ 20 21 22 23 24 25</p>
<p>1 APPEARANCES, Continued:</p> <p>2</p> <p>3 On behalf of Cephalon, Inc.; Teva Pharmaceuticals USA, Inc.; Actavis, LLC; 4 Actavis Pharma, Inc. f/k/a Watson Pharma, Inc.; and Watson Laboratories, Inc.:</p> <p>5 Morgan, Lewis & Bockius LLP, by WENDY WEST FEINSTEIN, ESQ. 6 One Oxford Centre, 32nd Floor Pittsburgh, Pennsylvania 15219-6401 7 (412) 560-7455 wendy.feinstein@morganlewis.com 8</p> <p>9 On behalf of Endo Health Solutions, Inc., and Endo Pharmaceuticals, Inc.:</p> <p>10</p> <p>11 Baker Hostetler, by CAROLE S. RENDON, ESQ. Key Tower 12 127 Public Square, Suite 2000 Cleveland, Ohio 44114-1214 13 (216) 861-7420 crendon@bakerlaw.com 14</p> <p>15 On behalf of Johnson & Johnson and Janssen Pharmaceuticals, Inc.:</p> <p>16</p> <p>17 Tucker Ellis, LLP, by BRENDA A. SWEET, ESQ. 950 North Main Avenue, Suite 1100 18 Cleveland, Ohio 44113 (216) 696-2493 brenda.sweet@tuckerellis.com 19 ~ ~ ~ ~ ~ 20 21 22 23 24 25</p>	<p>Page 3</p> <p>1 APPEARANCES, Continued:</p> <p>2</p> <p>3 On behalf of Cephalon, Inc.; Teva Pharmaceuticals USA, Inc.; Actavis, LLC; 4 Actavis Pharma, Inc. f/k/a Watson Pharma, Inc.; and Watson Laboratories, Inc., via teleconference:</p> <p>5</p> <p>6 Morgan, Lewis & Bockius LLP, by PAMELA HOLLY, ESQ. 101 Park Avenue 7 New York, New York 10178-0060 (212) 309-6864 pamela.holly@morganlewis.com 8</p> <p>9 On behalf of AmerisourceBergen Drug Corporation, via teleconference:</p> <p>10</p> <p>11 Reed Smith LLP, by KELLY H. HIBBERT, ESQ. 12 1301 K Street Northwest, Suite 1000 East Tower 13 Washington, D.C., 20005 (202) 414-9226 khibbert@reedsmith.com 14</p> <p>15 On behalf of McKesson Corporation:</p> <p>16</p> <p>17 Covington & Burling LLP, by PATRICK R. CAREY, ESQ. One Front Street 18 San Francisco, California 94111-5356 (415) 591-7093 pcarey@cov.com 19 ~ ~ ~ ~ ~ 20</p> <p>21 ALSO PRESENT:</p> <p>22 Kurt Henschel, Legal Videographer 23 ~ ~ ~ ~ ~ 24 25</p>

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<p style="text-align: right;">Page 10</p> <p>1 Exhibit 29 Ohio Department of Health 376 Document Titled "2016 Ohio 2 Drug Overdose Data: General Findings," SUMMIT_001085401 3 to 001085408 4 Exhibit 30 ADM Board Document Titled 389 "Summit County Quick 5 Response Team," SUMMIT_001793050 to 6 001793051 7 Exhibit 31 June 2015 E-Mail Chain 395 between Kim McMahan and 8 Jerry Craig Re: Prescribing, SUMMIT_001022445 to 9 001022447 10 Exhibit 32 9/15/2016 E-Mail Chain 421 between Douglas Smith and 11 Jerry Craig Re: Pharmacies with Naloxone, 12 SUMMIT_000870043 to 000870044 13 Exhibit 33 3/29/2016 E-Mail Re: Very 422 14 Important Invitation and New Information," etc., with 15 Attachment, SUMMIT_001040139 to 001040146 16 17 18 19 20 21 22 23 24 25</p>	<p style="text-align: right;">Page 12</p> <p>1 object..... 71 object..... 72 2 object..... 72 object..... 72 3 object..... 74 object..... 75 4 object..... 75 object..... 76 5 objection..... 77 object..... 78 6 object..... 79 object..... 81 7 object..... 81 object..... 81 8 object..... 83 object..... 84 9 object..... 84 object..... 84 10 object..... 85 object..... 85 11 object..... 86 object..... 86 12 object..... 86 object..... 87 13 object..... 89 object..... 89 14 objection..... 89 object..... 90 15 objection..... 90 object..... 90 16 objection..... 90 object..... 93 17 objection..... 94 object..... 95 18 object..... 95 object..... 96 19 object..... 102 object..... 103 20 object..... 109 object..... 110 21 object..... 111 object..... 114 22 object..... 116 object..... 117 23 object..... 121 object..... 122 24 object..... 122 object..... 122 25 objection..... 123</p>
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<p style="text-align: right;">Page 18</p> <p>1 THE VIDEOGRAPHER: Today's date is 2 January 11, 2019. We're on the record at 9:12. 3 We're here in the matter of the 4 National Prescription Opiate Litigation. 5 This deposition is taking place in 6 Akron, Ohio. 7 Will counsel please identify 8 themselves for the record. 9 MR. BOEHM: Paul Boehm -- 10 MS. KEARSE: Anne -- 11 MR. BOEHM: I'm sorry. Go ahead, 12 Anne, please. 13 MS. KEARSE: Anne Kears, County of 14 Summit, City of Akron, and Jerry Craig with 15 ADM. 16 MS. KOUBA: Annie Kouba with Motley 17 Rice on behalf of the County of Summit, the 18 City of Akron, and Jerry Craig, the witness. 19 MS. FLOWERS: Jodi Flowers on 20 behalf of Summit County, City of Akron, and the 21 witness. 22 MS. SALERNO: Danielle Salerno with 23 Motley Rice on behalf of City of Akron, Summit 24 County, and the witness. 25 MR. BOEHM: Paul Boehm for Williams</p>	<p style="text-align: right;">Page 20</p> <p>1 Covington & Burling on behalf of McKesson 2 Corporation. 3 GERALD CRAIG, of lawful age, called for 4 examination as provided by the Federal Rules of 5 Civil Procedure, being by me first duly sworn, 6 as hereinafter certified, deposed and said as 7 follows: 8 EXAMINATION OF GERALD CRAIG 9 BY MR. BOEHM: 10 Q. Good morning, Mr. Craig. 11 A. Good morning. 12 Q. Thank you for being here. My name 13 is Paul Boehm. I represent one of the 14 Defendants, and I'll be asking you some 15 questions today. 16 We introduced ourselves before we 17 went on the record, and just wanted to do that 18 again on the record. 19 Have you ever been deposed before 20 today? 21 A. Yes. 22 Q. When was that? 23 A. Probably back in the mid-'80s. 24 Q. Have you been deposed more than 25 once?</p>
<p style="text-align: right;">Page 19</p> <p>1 & Connolly for Cardinal. I'm joined by my 2 colleague Melinda Johnson. We're from Williams 3 & Connolly. 4 MS. FEINSTEIN: Wendy West 5 Feinstein with Morgan Lewis for the Teva 6 Defendants. 7 MS. RENDON: Carole Rendon, Baker 8 Hostetler, for the Endo Defendants. 9 MR. MOYLAN: Daniel Moylan, 10 Zuckerman Spaeder, for the CVS Defendants. 11 MS. KINCAID: Meredith Kincaid with 12 Jones Day for Walmart. 13 MS. SWEET: Brenda Sweet of Tucker 14 Ellis, LLP, for Janssen Pharmaceuticals and 15 Johnson & Johnson. 16 THE VIDEOGRAPHER: And by 17 telephone? 18 MR. MASTERS: Brad Masters for 19 Cardinal Health. 20 MS. HOLLY: Pam Holly with Morgan 21 Lewis on behalf of Teva Defendants. 22 MS. HIBBERT: Kelly Hibbert of Reed 23 Smith on behalf of AmerisourceBergen Drug 24 Corporation. 25 MR. CAREY: Patrick Carey of</p>	<p style="text-align: right;">Page 21</p> <p>1 A. No. 2 Q. What was the matter in which you 3 were deposed in the mid-1980s? 4 A. It was a civil litigation on an HR 5 issue. 6 Q. Were you a party in the litigation? 7 A. Yes, I was. 8 Q. Were you a plaintiff or a 9 defendant? 10 A. I was the defendant. 11 Q. What was the nature of the claims? 12 What were the nature of the claims in that 13 litigation? 14 A. It -- it was a civil rights 15 complaint that I was unfairly promoted. 16 Q. Who was the plaintiff? 17 A. The individual who was not 18 promoted. 19 Q. And what was the outcome of that 20 litigation? 21 A. I believe we prevailed. 22 Q. Did it go to trial? 23 A. No, it did not. 24 Q. When you say you prevailed, what do 25 you mean by that?</p>

<p style="text-align: right;">Page 22</p> <p>1 A. I mean that there -- there was --</p> <p>2 it was found that there was no basis for the</p> <p>3 claim.</p> <p>4 Q. A judge found that?</p> <p>5 A. To be honest, I didn't -- I --</p> <p>6 it's -- I don't recall. I don't recall exactly</p> <p>7 how that -- how that was brought to conclusion.</p> <p>8 Q. Were you accused of some kind of</p> <p>9 misconduct?</p> <p>10 A. No.</p> <p>11 Q. Have you ever testified in any</p> <p>12 other context?</p> <p>13 A. Yes. I was -- I was a</p> <p>14 representative at the organization I was</p> <p>15 working at the time, Community Support</p> <p>16 Services, in a civil matter related to the</p> <p>17 murder of a resident of a group home.</p> <p>18 Q. Did you testify in a deposition or</p> <p>19 in a courtroom?</p> <p>20 A. I testified in a courtroom.</p> <p>21 Q. When was that?</p> <p>22 A. That was in the early 2000s.</p> <p>23 Q. Other than the two instances that</p> <p>24 you've now described, have you ever given any</p> <p>25 other sworn testimony?</p>	<p style="text-align: right;">Page 24</p> <p>1 A. Yes.</p> <p>2 Q. Okay.</p> <p>3 MS. KEARSE: Unless I instruct him</p> <p>4 not to answer.</p> <p>5 Q. Right. I'm talking about just an</p> <p>6 objection to a question. You do understand</p> <p>7 that?</p> <p>8 A. Excuse me. Yes, I do.</p> <p>9 Q. What have you done to prepare for</p> <p>10 your deposition here today?</p> <p>11 A. We've had a series of meetings with</p> <p>12 our attorneys.</p> <p>13 Q. When you say "we," tell me what you</p> <p>14 mean.</p> <p>15 A. Representatives from our</p> <p>16 organization, and myself included.</p> <p>17 Q. Who are the people from your</p> <p>18 organization that have had these meetings with</p> <p>19 your attorneys?</p> <p>20 A. I'm not aware of -- of all of them,</p> <p>21 but I can -- I can state that Kim Patton --</p> <p>22 MS. KEARSE: Can I ask for</p> <p>23 clarification? And I'm done interrupting, but</p> <p>24 I believe that the question was in preparation</p> <p>25 of your deposition?</p>
<p style="text-align: right;">Page 23</p> <p>1 A. Not that I can recall.</p> <p>2 Q. Okay. You may recall from your</p> <p>3 prior occasions of having to testify, and</p> <p>4 particularly in the context of the deposition,</p> <p>5 there are some basic ground rules that we try</p> <p>6 to follow. So far I think we've both been</p> <p>7 doing a pretty good job.</p> <p>8 But as the day wears on, we'll want</p> <p>9 to make sure that we're not talking at the same</p> <p>10 time, and that is so you hear my question and</p> <p>11 so that I can hear all of your answer. And it</p> <p>12 also helps Stephen, who is our court reporter</p> <p>13 today, who needs to be writing everything down</p> <p>14 that we say.</p> <p>15 Does that make sense?</p> <p>16 A. Fair enough.</p> <p>17 Q. If -- if your lawyer says</p> <p>18 "objection," as she might today --</p> <p>19 MS. KEARSE: You think?</p> <p>20 MR. BOEHM: I hope not, but we'll</p> <p>21 see. I left open the possibility you wouldn't.</p> <p>22 MS. KEARSE: We've been three</p> <p>23 minutes into it. Okay.</p> <p>24 Q. -- you understand that you should</p> <p>25 continue to answer the question?</p>	<p style="text-align: right;">Page 25</p> <p>1 Q. Go ahead. Yeah, go ahead.</p> <p>2 A. In -- in preparation -- okay.</p> <p>3 Q. Go ahead.</p> <p>4 A. Can you ask the question again,</p> <p>5 then, please?</p> <p>6 Q. Can you just go ahead and finish,</p> <p>7 and then I'll ask my next -- my next question.</p> <p>8 MS. KEARSE: I think he just asked</p> <p>9 for you to the question.</p> <p>10 A. Could you repeat the question so</p> <p>11 that I understand what you're asking?</p> <p>12 Q. You had -- you had said that there</p> <p>13 had been meetings that I understood you to be</p> <p>14 saying you have participated in?</p> <p>15 A. There have been meetings that I</p> <p>16 have participated in, yes --</p> <p>17 Q. Okay. And -- and who --</p> <p>18 A. -- with our -- with our attorneys.</p> <p>19 Q. Okay. And who participated in</p> <p>20 those meetings?</p> <p>21 MS. KEARSE: I'm going to object to</p> <p>22 the -- I want to make sure he's answering your</p> <p>23 initial question, so I would ask the court</p> <p>24 reporter to make sure we're answering the</p> <p>25 question you initially asked.</p>

<p style="text-align: right;">Page 26</p> <p>1 If you asked him a new question and</p> <p>2 you don't want him to finish that, that's fine.</p> <p>3 Q. Okay. Let's just -- let's back up</p> <p>4 for a minute.</p> <p>5 My first question was what have</p> <p>6 you -- what have you done to prepare for your</p> <p>7 deposition here today, and you indicated that</p> <p>8 you had participated in a series of meetings</p> <p>9 with others.</p> <p>10 A. I've participated in a series of</p> <p>11 meetings with the attorneys from Motley Rice.</p> <p>12 Q. Who participated in those meetings?</p> <p>13 A. In preparation for my deposition,</p> <p>14 just me.</p> <p>15 Q. Okay. So you -- you've -- you're</p> <p>16 indicating, I think, that you've met with the</p> <p>17 attorneys for other purposes, but for purposes</p> <p>18 of your preparation for a deposition, the</p> <p>19 meetings have just involved you and lawyers</p> <p>20 from Motley Rice; is that --</p> <p>21 A. Those --</p> <p>22 Q. -- right?</p> <p>23 A. I'm sorry. Those meetings that</p> <p>24 were specific to my deposition, only me and the</p> <p>25 attorneys.</p>	<p style="text-align: right;">Page 28</p> <p>1 A. Before that, I'm not sure I could</p> <p>2 give you a date.</p> <p>3 Q. Okay. Did anybody other than</p> <p>4 attorneys from Motley Rice attend the meetings</p> <p>5 that you've had to prepare for your deposition?</p> <p>6 A. No.</p> <p>7 Q. Have you talked with anybody other</p> <p>8 than the attorneys for Motley Rice about the</p> <p>9 fact that you would be giving deposition</p> <p>10 testimony today?</p> <p>11 A. I may have, yes.</p> <p>12 Q. Who have you spoken with about</p> <p>13 that?</p> <p>14 A. My wife. Possibly one of my</p> <p>15 children.</p> <p>16 Q. Anybody else?</p> <p>17 A. No one who I can recall</p> <p>18 specifically, but I may have mentioned it.</p> <p>19 Q. Have you spoken with any of your</p> <p>20 professional work colleagues about the fact</p> <p>21 that you'd be giving a deposition?</p> <p>22 A. Oh, yes.</p> <p>23 Q. Who have -- who have you talked</p> <p>24 with?</p> <p>25 A. On Tuesday mornings I have a</p>
<p style="text-align: right;">Page 27</p> <p>1 Q. Okay. When did you meet with your</p> <p>2 attorneys to prepare for your deposition here</p> <p>3 today?</p> <p>4 A. On several occasions over the past</p> <p>5 four months or so.</p> <p>6 Q. How many times?</p> <p>7 A. If I had to guess, I would say</p> <p>8 maybe five times.</p> <p>9 Q. For how long have you met?</p> <p>10 A. Generally for several hours at a</p> <p>11 stretch.</p> <p>12 Q. Half a day? A full day?</p> <p>13 A. Most of the time it's been roughly</p> <p>14 three or four hours.</p> <p>15 Q. When did you most recently meet</p> <p>16 with your attorneys here to prepare for your</p> <p>17 deposition?</p> <p>18 A. Yesterday.</p> <p>19 Q. How long did you meet yesterday?</p> <p>20 A. About four hours.</p> <p>21 Q. And before that, when had you last</p> <p>22 met with the lawyers for Motley Rice to prepare</p> <p>23 for your deposition?</p> <p>24 A. On Monday.</p> <p>25 Q. How about before that?</p>	<p style="text-align: right;">Page 29</p> <p>1 meeting with all of my staff, and I go over my</p> <p>2 schedule with them. And so one of the -- one</p> <p>3 of the things that I mentioned is that this is</p> <p>4 the week that I would be giving my deposition.</p> <p>5 Q. Have you discussed with your work</p> <p>6 colleagues in any way the questions you might</p> <p>7 be asked or the testimony you might give in</p> <p>8 response to the questions that you are asked</p> <p>9 during today's deposition?</p> <p>10 A. No. No. I may have spoken to them</p> <p>11 about some information that would help me</p> <p>12 prepare a little bit for a deposition.</p> <p>13 Q. What information did you discuss</p> <p>14 with your colleagues might help you prepare for</p> <p>15 your deposition?</p> <p>16 A. Some information about our</p> <p>17 financial -- some of our finances related to</p> <p>18 the opiate epidemic.</p> <p>19 Q. What?</p> <p>20 A. Just general --</p> <p>21 MS. KEARSE: Objection.</p> <p>22 A. Just general --</p> <p>23 MS. KEARSE: Just to the form.</p> <p>24 A. -- general -- general questions</p> <p>25 about methodology that -- that we utilized in</p>

<p style="text-align: right;">Page 30</p> <p>1 order to come up with the damages or the cost 2 associated with the opiate epidemic. 3 Q. And I'm asking you for the 4 particulars of those conversations. Not just 5 for the high-level, had a conversation about 6 it. I want to know what you discussed. 7 MS. KEARSE: Object to form. 8 A. I don't have -- I don't have 9 a recollection of the exact nature of the 10 conversations. I think part of those 11 conversations had to do with whether or not we 12 covered all of the -- all of the expenses 13 related to the opiate epidemic in -- in the 14 different domains, including the treatment 15 services, prevention services, our work with 16 the Opiate Task Force, and also the time that 17 our staff had been spending to respond to 18 opiate-related community requests. 19 Q. What did you determine about that? 20 A. Well, we were -- we were able to -- 21 we were able to kind of clarify, you know, a 22 methodology that we were -- we would all be 23 able to use. 24 Q. What was the methodology you -- you 25 decided you would use for that?</p>	<p style="text-align: right;">Page 32</p> <p>1 MS. KEARSE: All right. Well, you 2 just -- 3 MR. BOEHM: So just wait until I'm 4 done and then you can object. 5 Q. So I believe you testified that you 6 had had a conversation about whether or not the 7 Summit County ADAMHS Board had accounted for 8 all the categories of expenses that you have 9 incurred in connection with the opioid abuse 10 epidemic in the county; is that right? 11 MS. KEARSE: Object to form. 12 Misstates his testimony. 13 A. I'm -- you're -- you're going to 14 need to ask that question with a little bit 15 more clarity, because I'm not sure I follow 16 you. 17 Q. Okay. We can do this the hard way, 18 I guess. 19 You indicated, you told me, that 20 you had had conversations with people on your 21 staff about whether or not you had accounted 22 for the various categories of expenditures for 23 the ADAMHS Board, right? 24 A. That's correct. 25 Q. Okay. And you said you concluded</p>
<p style="text-align: right;">Page 31</p> <p>1 A. Just that we were covering all of 2 the -- all the topics and all of the 3 activities. 4 Q. No, I'm asking about the 5 methodology that you would use. 6 A. Perhaps that wasn't the best way to 7 state it. 8 It was more or less whether or not 9 we had covered all the different activities 10 related to our response to the opiate epidemic. 11 Q. And what did you conclude? 12 A. Our conclusion was that we were 13 satisfied at the end of the -- at the end of 14 this -- this conversation, that we had covered 15 everything that we could think of collectively 16 to address any costs associated with the opiate 17 epidemic. 18 Q. And when you say that you had 19 covered all the categories that you thought 20 were associated with the opiate abuse epidemic 21 in Summit County -- 22 MS. KEARSE: Object to form. 23 Mischaracterizes his testimony. 24 MR. BOEHM: I'm sorry. I'm not 25 even halfway done with my question.</p>	<p style="text-align: right;">Page 33</p> <p>1 that you had accounted for all those 2 categories, right? 3 A. To the best of our knowledge, yes. 4 Q. Did you write those down? 5 A. We did collect that information, 6 yes. 7 Q. Where is that information right 8 now? 9 A. We provided that information to our 10 attorneys. 11 Q. Okay. Did you send it -- did you 12 discuss that with your work colleagues by 13 e-mail? 14 A. I don't believe we did, no. 15 Q. What are all the categories of 16 expenditures that you -- you believe that the 17 Summit County ADAMHS Board has incurred in 18 connection with the opioid abuse epidemic? 19 A. Well, as I said before, the 20 activities of the Opiate Task Force, our 21 education and community involvement and 22 engagement, our support services, staff time. 23 Trying to remember if there are any 24 others that I may have forgotten. 25 Q. I'll give you --</p>

<p style="text-align: right;">Page 34</p> <p>1 A. And -- and claims --</p> <p>2 Q. I'll give you a minute.</p> <p>3 A. And claims -- and claims</p> <p>4 information, of course. Claims information on</p> <p>5 funds that were utilized to pay for people who</p> <p>6 were diagnosed with a substance use disorder,</p> <p>7 primarily with an opioid diagnosis.</p> <p>8 Q. Anything else?</p> <p>9 A. I think that covers -- I think that</p> <p>10 covers it.</p> <p>11 Q. When did you have these</p> <p>12 conversations with your staff?</p> <p>13 A. This has been a series of</p> <p>14 conversations probably over several months.</p> <p>15 Q. When have you most recently had</p> <p>16 conversations with your staff about these</p> <p>17 categories?</p> <p>18 A. Earlier this week I had a</p> <p>19 conversation with my chief clinic -- or my</p> <p>20 chief operating officer to clarify the process</p> <p>21 by which our agencies were paid.</p> <p>22 Q. When you say "your agencies," you</p> <p>23 mean the agencies -- the contracting agencies</p> <p>24 that the ADAMHS Board funds?</p> <p>25 A. Yes, the contract agencies.</p>	<p style="text-align: right;">Page 36</p> <p>1 litigation there, that is privileged</p> <p>2 information, to the extent that's what we're</p> <p>3 talking about.</p> <p>4 A. I don't recall the total. The --</p> <p>5 the total, I could not -- I could not give you</p> <p>6 that number with any degree of certainty.</p> <p>7 Q. Could you give me a rough ballpark</p> <p>8 of what that number was?</p> <p>9 A. No, because we looked at so many</p> <p>10 iterations of the numbers, I don't remember</p> <p>11 exactly what we finally arrived at.</p> <p>12 Q. Do you know what methodology</p> <p>13 Ms. Peivich used in computing what she believed</p> <p>14 to be the expenditures the Summit County ADAMHS</p> <p>15 Board had incurred in connection with the</p> <p>16 opioid abuse epidemic --</p> <p>17 MS. KEARSE: Object to --</p> <p>18 Q. -- in this county?</p> <p>19 MS. KEARSE: Object to form.</p> <p>20 A. Generally, I -- I -- she and I</p> <p>21 discussed methodology. She proposed some</p> <p>22 methodologies, and we selected what we felt</p> <p>23 would be conservative and defensible, those</p> <p>24 expenditures that we could best track directly</p> <p>25 to expenditures of funds; and for those that we</p>
<p style="text-align: right;">Page 35</p> <p>1 Q. Have you performed a calculation or</p> <p>2 a computation of what you believe to be the</p> <p>3 expenditures the Summit County ADAMHS Board has</p> <p>4 made in -- with respect to each of the</p> <p>5 categories you just identified?</p> <p>6 A. I did not personally, but our</p> <p>7 organization did create a -- a document.</p> <p>8 Q. Who did that?</p> <p>9 A. It was under the -- it was under</p> <p>10 the stewardship of our chief operating officer,</p> <p>11 Jen Peivich.</p> <p>12 Q. When did Jen do that?</p> <p>13 A. I can't tell you specifically when.</p> <p>14 I don't -- I can't assign a month or -- but it</p> <p>15 was several months ago.</p> <p>16 Q. Was it in the last six months?</p> <p>17 A. Yes.</p> <p>18 Q. What was the total amount that</p> <p>19 Ms. Peivich determined the ADAMHS Board here in</p> <p>20 Summit County had incurred in terms of</p> <p>21 expenditures specifically related to the opioid</p> <p>22 abuse epidemic?</p> <p>23 MS. KEARSE: And I'm just going to</p> <p>24 counsel the witness if anything was done at the</p> <p>25 advice of counsel or for counsel with</p>	<p style="text-align: right;">Page 37</p> <p>1 could not -- and those were nominal, such as</p> <p>2 staff time -- we did our best estimate.</p> <p>3 Q. Do I understand correctly that you</p> <p>4 considered a variety of different methodologies</p> <p>5 for calculating your costs?</p> <p>6 A. Yes.</p> <p>7 Q. And then you sel- -- you selected</p> <p>8 among those options, one?</p> <p>9 A. No. It depended on the source of</p> <p>10 the data. For example, we -- one methodology</p> <p>11 we used was to pull claims data that listed</p> <p>12 individuals who had a substance use disorder</p> <p>13 who also were -- were diagnosed with an opiate</p> <p>14 dependence. So that would be one methodology</p> <p>15 for one aspect of what we collected information</p> <p>16 for.</p> <p>17 We also collected information</p> <p>18 around the expenditures for our marketing and</p> <p>19 community relations specifically targeted to</p> <p>20 the opiate epidemic.</p> <p>21 We also -- we also looked at</p> <p>22 invoices and other payments that we made</p> <p>23 related -- for any activity related to the</p> <p>24 opiate epidemic outside of the Opiate Task</p> <p>25 Force. And, of course, any expenditures that</p>

<p style="text-align: right;">Page 38</p> <p>1 we made to agencies to capitalize startup for 2 programs and services. We -- and -- and 3 probably others that I'm not -- that I'm not 4 necessarily capturing. 5 But there -- there were various 6 methodologies for various ways of collecting 7 data, depending on where those activities 8 were -- were funded or tracked within our 9 system. 10 Q. So you used a variety of 11 methodologies depending on the category of the 12 expenditure or the particular nature of it, an 13 expenditure, to calculate what you believed to 14 be a total amount of money that the Summit 15 County ADAMHS Board spent in connection with 16 the opioid abuse epidemic here in this county. 17 Did I summarize that fairly? 18 MS. KEARSE: Object to form. 19 A. I would say that would be accurate. 20 Q. Okay. And did you keep a record of 21 the methodologies that you used to perform 22 these computations and calculations? 23 MS. KEARSE: Object to form. 24 A. I did not keep a record of the 25 methodology. Most of this was -- was -- were</p>	<p style="text-align: right;">Page 40</p> <p>1 sure there weren't any mistakes along the way? 2 MS. KEARSE: Object to form. 3 A. If we were asked about a specific 4 expenditure, I'm relatively confident that we 5 could replicate that number through -- through 6 the information that we have available. 7 Q. Okay. And you broke those 8 expenditures down category by category, 9 correct? 10 A. That's correct. 11 Q. And expense by expense? 12 A. Yes. 13 Q. And I think you indicated you 14 provided that to your lawyers, right? 15 A. That's correct. 16 Q. When did you do that? 17 A. Again, we -- we provided this 18 information on a number of occasions. I think 19 we provided it prior to the -- to entering the 20 litigation. We provided that information to 21 the -- through the County Executive's Office, 22 and then later we provided some updated 23 information as we provided a little bit more 24 thoughtful list of -- of expenditures. 25 Q. Is it fair to say that a lot of the</p>
<p style="text-align: right;">Page 39</p> <p>1 conversations. It's -- it's possible, but -- 2 but I don't know for certain that our chief 3 operating officer did. But I don't -- but I 4 can't say that with any degree of certainty. 5 Q. You don't know whether Ms. Peivich 6 kept a record of the methodologies that you all 7 used to perform these computations? 8 MS. KEARSE: Object to form. 9 A. That's correct. 10 Q. Okay. Did you ask her to keep a -- 11 the methodology -- keep a record of the 12 methodologies that were used? 13 A. I did not ask her to keep a record 14 of the methodologies she used. 15 Q. So if somebody were to look at the 16 number that she arrived at, would it be 17 possible to reverse engineer that to try and 18 understand exactly how you all came to the 19 conclusions you reached? 20 MS. KEARSE: Object to form. 21 A. It would be possible. 22 Q. How would one go about that? Would 23 they have to talk to you, or would there be 24 some other manner by which they could see your 25 number and then reverse engineer it to make</p>	<p style="text-align: right;">Page 41</p> <p>1 work that the Summit County ADAMHS Board 2 performs involves a variety of different 3 substance abuse disorders, not just one? 4 MS. KEARSE: Object to form. 5 A. That would be accurate. 6 Q. So, for example, some of the 7 services the ADAMHS Board funds go toward 8 treatment of a variety of different addictions 9 to a variety of different substances, fair? 10 A. And to a variety of different 11 mental health disorders. 12 Q. Right. And indeed, isn't it also 13 true that some of the -- the funds that are 14 used by service contracting agencies funded by 15 the Summit County ADAMHS Board devote those 16 monies to individuals who suffer from a variety 17 of different substance abuse disorders and 18 mental health disorders? 19 A. That would be correct. 20 Q. Given the complexity of that, how 21 did you and -- and Ms. Peivich and whoever else 22 was involved in this process go about teasing 23 out opioid-specific expenditures from 24 expenditures that involved perhaps 25 polysubstance abuse disorders, mental health</p>

<p style="text-align: right;">Page 42</p> <p>1 disorders, or addictions to a variety of other 2 substances? 3 MS. KEARSE: Object to form. 4 A. So our organization acts as an 5 insurance company. We have -- we have claims 6 that are submitted by our agencies that -- that 7 document the services that they provide. As 8 part of the claims process, they have to 9 identify the diagnosis of the individual for 10 whom they're providing services. 11 Because those claims go into a 12 centralized system for payment, we can run 13 reports against those claims, and we can 14 identify by diagnosis precisely the individuals 15 that we're paying for, to the extent that that 16 information is available. 17 If that information is not 18 available in claims, we -- we are not able to 19 render a payment; therefore, they have to have 20 that information in those claims. 21 Q. Okay. But you indicated that in 22 some cases your claimed expenditures don't fit 23 very nicely into claims-related data, right? 24 MS. KEARSE: Object to form. 25 A. That our claims data does not --</p>	<p style="text-align: right;">Page 44</p> <p>1 of damages -- 2 MS. KEARSE: Object to form. Well, 3 go ahead. Finish. 4 MR. BOEHM: Wow. 5 MS. KEARSE: Well, I didn't -- go 6 ahead. 7 Q. Did you and Ms. Peivich include in 8 your computation of damages funds that were 9 devoted through the claims data -- claims 10 submission process, treatment of individuals 11 who were experiencing polysubstance abuse 12 disorders? 13 MS. KEARSE: I'm going to object to 14 the form. Calls for a legal conclusion when 15 you're calling it "computation of damages." 16 A. It's possible, yes. 17 Q. Okay. Is it -- is it possible, or 18 did you? 19 MS. KEARSE: Object to form. 20 A. I know that it's -- I know that 21 agencies can submit claims. Am I aware of 22 claims specifically? I don't look at the 23 claims, so I don't know. 24 Q. Well, my question is -- let's back 25 up a second.</p>
<p style="text-align: right;">Page 43</p> <p>1 Q. Well, you had indicated that you 2 had to use different methodologies for 3 different categories of expenditures, and I 4 thought you said that to the extent there's 5 claims data, you can rely on the claims data, 6 but where there's not claims data, you had to 7 use different methodologies to try and 8 calculate your expenditures -- 9 MS. KEARSE: Object to -- 10 Q. -- right? 11 MS. KEARSE: Object to form. 12 A. For purposes of providing treatment 13 to individuals with a substance use disorder, 14 through our agencies, in order for agencies to 15 get reimbursed, they have to bill us for those 16 services. For expenditures related to 17 developing programming, those -- those -- 18 those expenditures do not go through our claims 19 processing system. 20 But my understanding is your 21 question was related to the treatment of those 22 individuals, and specific to that, those 23 interactions are -- are compensated through 24 claims. 25 Q. Did you include in your computation</p>	<p style="text-align: right;">Page 45</p> <p>1 You're aware that many people who 2 suffer from substance abuse disorders can be 3 addicted to more than one substance, right? 4 MS. FLOWERS: Objection. Lack of 5 foundation. 6 A. Substance abuse disorders? There's 7 substance use disorders. I don't know about 8 any substance abuse disorders. 9 Q. Okay. I don't -- I don't want to 10 get into a semantics fight with you about it, 11 but somebody who has a substance abuse disorder 12 is typically abusing a substance, right? 13 MS. KEARSE: I'm going to object to 14 that -- 15 MS. FLOWERS: Foundation. 16 MS. KEARSE: -- question as well. 17 MR. BOEHM: I'm sorry. 18 MS. KEARSE: Okay. 19 MR. BOEHM: I'm sorry. How many -- 20 did I just hear two people object? 21 MS. FLOWERS: I'm sorry. It just 22 popped out. 23 MR. BOEHM: Okay. I'll accept the 24 apology and ask that it not happen again. 25 MS. KEARSE: Well, actually --</p>

<p style="text-align: right;">Page 46</p> <p>1 MS. FLOWERS: I can't guarantee you</p> <p>2 that.</p> <p>3 MS. KEARSE: -- under the protocol</p> <p>4 we have, two people can --</p> <p>5 MR. BOEHM: I've got the protocol</p> <p>6 here. And I know you made that claim on</p> <p>7 Friday. It's not going to -- or last Monday.</p> <p>8 It's not going to happen again today. If you</p> <p>9 want to point me in -- where in the protocol</p> <p>10 you think that's true, I'm happy to hear it,</p> <p>11 but if not --</p> <p>12 MS. KEARSE: I will at a break on</p> <p>13 there, too.</p> <p>14 MR. BOEHM: Okay.</p> <p>15 MS. KEARSE: There's two people</p> <p>16 allowed.</p> <p>17 MR. BOEHM: You got it.</p> <p>18 Q. Are you ready to answer the</p> <p>19 question?</p> <p>20 A. I'm not sure I remember the</p> <p>21 question now.</p> <p>22 Q. Yeah. It's hard when you've got a</p> <p>23 lot of people talking.</p> <p>24 MS. KEARSE: And --</p> <p>25 Q. Isn't it true that many people who</p>	<p style="text-align: right;">Page 48</p> <p>1 understand the disease of addiction, any</p> <p>2 substance can raise -- it can satisfy an</p> <p>3 addiction. And so whether you could claim that</p> <p>4 somebody is addicted to a specific substance, I</p> <p>5 think that there are substance -- I'm working</p> <p>6 through this in my own mind. I guess it would</p> <p>7 be fair to -- to say that a person could be</p> <p>8 addicted to many substances.</p> <p>9 Q. And you know that happens, right?</p> <p>10 A. Yes.</p> <p>11 Q. That's actually quite common,</p> <p>12 right?</p> <p>13 MS. KEARSE: Object to form.</p> <p>14 A. I can tell you that when we look at</p> <p>15 some of the reports from people who have died</p> <p>16 as a result of overdoses, that there are</p> <p>17 typically more than one substance on board.</p> <p>18 Q. And in those instances where</p> <p>19 somebody's being treated for polysubstance use</p> <p>20 disorder by one of your contract service</p> <p>21 agencies here in Summit County, and you are</p> <p>22 seeing that in the claims data, is it possible</p> <p>23 that you included in your computation of</p> <p>24 damages, along with Ms. Peivich, treatment for</p> <p>25 somebody who had a variety of mental health</p>
<p style="text-align: right;">Page 47</p> <p>1 suffer from addiction are addicted to more than</p> <p>2 one substance?</p> <p>3 MS. KEARSE: Object to form.</p> <p>4 A. I'm -- I'm not -- I'm not able to</p> <p>5 make that determination. I don't -- I don't</p> <p>6 know. I -- I don't have that -- the question</p> <p>7 you're asking is whether -- I don't know. I</p> <p>8 don't know.</p> <p>9 Q. You've been the head of the Summit</p> <p>10 County ADAMHS Board since 2007, right?</p> <p>11 A. Yes.</p> <p>12 Q. You've never heard of polysubstance</p> <p>13 use disorder?</p> <p>14 A. I have heard of polysubstance use</p> <p>15 disorder, yes.</p> <p>16 Q. What does that mean?</p> <p>17 A. It means that individuals use a</p> <p>18 variety of substances.</p> <p>19 Q. Okay. And they're addicted to a</p> <p>20 variety of substances, right?</p> <p>21 MS. KEARSE: Object to form.</p> <p>22 Q. They're abusing more than one</p> <p>23 substance, right?</p> <p>24 A. So addiction is a disease, and an</p> <p>25 individual who -- if -- if you -- if you</p>	<p style="text-align: right;">Page 49</p> <p>1 and/or substance use disorders?</p> <p>2 MS. KEARSE: Object to form.</p> <p>3 A. It is possible.</p> <p>4 Q. Okay. And in those instances, did</p> <p>5 you then break it down to try and identify and</p> <p>6 account for the specific slice that you believe</p> <p>7 was related directly to opioids as opposed to</p> <p>8 the other mental health challenges or other</p> <p>9 substances that that individual was abusing?</p> <p>10 MS. KEARSE: Object to form.</p> <p>11 A. No, I did not.</p> <p>12 Q. Has anybody ever asked you to try</p> <p>13 and break it down that specifically?</p> <p>14 A. Not until today.</p> <p>15 Q. Has the ADAMHS County -- I'm sorry,</p> <p>16 has the Summit County ADAMHS Board ever</p> <p>17 attempted to calculate its expenditures in</p> <p>18 connection with the opioid abuse epidemic in</p> <p>19 this county, independent of any request that</p> <p>20 you received from Motley Rice?</p> <p>21 A. No. From Motley Rice, I -- I --</p> <p>22 the request that we received initially was from</p> <p>23 the county executive, so I guess I would answer</p> <p>24 yes.</p> <p>25 Q. Are you talking about Ms. Shapiro?</p>

<p style="text-align: right;">Page 50</p> <p>1 A. Yes, or -- or her staff.</p> <p>2 Q. Did the county executive's office</p> <p>3 reach out directly to you and request a</p> <p>4 calculation of expenditures in connection with</p> <p>5 the opioid abuse epidemic in Summit County?</p> <p>6 A. Yes.</p> <p>7 Q. When did they make that request?</p> <p>8 A. It was August of -- I'm not sure</p> <p>9 what year. Six- -- '17? '16? I guess it</p> <p>10 would be -- well, what is this? This is '19.</p> <p>11 Probably '17.</p> <p>12 Q. Did you provide an answer to the</p> <p>13 request from the county executive's office?</p> <p>14 A. Yes, we did.</p> <p>15 MS. KEARSE: And I'm going to</p> <p>16 counsel the witness, as well, if it's an</p> <p>17 attorney for the county executive's office as</p> <p>18 well, that would -- if it --</p> <p>19 Q. Who from the county executive's</p> <p>20 office reached out to you to make that request?</p> <p>21 A. Jason Dodson, who is the chief of</p> <p>22 staff.</p> <p>23 Q. Did you respond to the county</p> <p>24 executive's office request for the calculation</p> <p>25 of opioid epidemic-related expenditures from</p>	<p style="text-align: right;">Page 52</p> <p>1 arrived at for purposes of the request you</p> <p>2 received from the county executive?</p> <p>3 MS. KEARSE: I'm going to object to</p> <p>4 that question if the -- if you were provided</p> <p>5 information in -- in response to Jason Dodson,</p> <p>6 who is the attorney for the City, the Executive</p> <p>7 County.</p> <p>8 A. I -- I don't remember any numbers.</p> <p>9 Q. Do you remember roughly what it</p> <p>10 was?</p> <p>11 A. No.</p> <p>12 Q. Do you remember how the number that</p> <p>13 you arrived at for purposes of the County</p> <p>14 Executive's request compares with the number</p> <p>15 that you all arrived at more recently in</p> <p>16 response to the request you got from the</p> <p>17 lawyers?</p> <p>18 MS. KEARSE: Object to form. And</p> <p>19 miscalculates the testimony.</p> <p>20 MR. BOEHM: Object to form is</p> <p>21 enough to maintain the -- the objection.</p> <p>22 Q. Go ahead.</p> <p>23 A. I -- I believe it was a larger</p> <p>24 number the second time we did the -- we went --</p> <p>25 we went through the process.</p>
<p style="text-align: right;">Page 51</p> <p>1 the Summit County ADAMHS Board?</p> <p>2 MS. KEARSE: I'm going to direct</p> <p>3 the witness if there's conversations you had</p> <p>4 with the County attorney regarding this, that</p> <p>5 that would be privileged information.</p> <p>6 A. Yes, I did.</p> <p>7 Q. Okay. Who did you talk with?</p> <p>8 A. From the county executive's office?</p> <p>9 Q. Actually, let me -- let me back up</p> <p>10 and make it more clear. You said you responded</p> <p>11 to the request, right?</p> <p>12 A. That is correct.</p> <p>13 Q. Did you perform the computation</p> <p>14 that had been requested?</p> <p>15 A. Myself and my staff, yes.</p> <p>16 Q. Okay. And did you come to a</p> <p>17 conclusion about what the appropriate number</p> <p>18 was?</p> <p>19 MS. KEARSE: Object to form.</p> <p>20 A. Yes, we did.</p> <p>21 Q. And did you communicate that number</p> <p>22 to the county executive?</p> <p>23 A. I did not specifically, but my</p> <p>24 chief operating officer, Jen Peivich, did.</p> <p>25 Q. Okay. What was the number that you</p>	<p style="text-align: right;">Page 53</p> <p>1 Q. It got bigger?</p> <p>2 A. It got bigger.</p> <p>3 Q. Why did it get bigger?</p> <p>4 A. Because we were more careful and</p> <p>5 more intentional about capturing everything</p> <p>6 that we could think of that would -- we -- that</p> <p>7 we could justify as an expenditure that was</p> <p>8 related to the opiate epidemic and our response</p> <p>9 to that.</p> <p>10 Q. Were there some close calls that</p> <p>11 you had to consider? Say, "I'm not sure if</p> <p>12 this should be counted or not"?</p> <p>13 MS. KEARSE: Object to form.</p> <p>14 A. There weren't -- there weren't</p> <p>15 necessarily close calls because we wanted to be</p> <p>16 as conservative as possible yet as thorough as</p> <p>17 possible. But we also provided updated</p> <p>18 information because time had passed since our</p> <p>19 initial -- our initial estimate and our updated</p> <p>20 estimate.</p> <p>21 Q. You said you recently had</p> <p>22 conversations with your staff about these</p> <p>23 calculations, right?</p> <p>24 A. Just the recent conversations --</p> <p>25 we've not had conversations since I submitted</p>

<p style="text-align: right;">Page 54</p> <p>1 that to the county executive's office or 2 through to our attorneys. 3 I did have conversation with our 4 chief operating officer just around how 5 agencies -- just clarifying how agencies were 6 paid through claims. 7 Q. Did you discuss -- when you say 8 your -- who did you speak with most recently 9 about that? 10 A. Jen Peivich. 11 Q. Did you discuss recently with 12 Ms. Peivich the total amount of expenditures 13 that you believed you had -- you had made in 14 connection with the opioid abuse epidemic in 15 Summit County? 16 MS. KEARSE: Object to form. 17 A. No, we did not discuss that. We 18 essentially discussed process, the process by 19 which claims were paid. 20 Q. Did you review any materials with 21 Ms. Peivich in connection with your preparation 22 for the deposition today? 23 A. No. 24 Q. Or for purposes of refreshing your 25 recollection about those computations?</p>	<p style="text-align: right;">Page 56</p> <p>1 A. I think just -- just having a 2 general sense of the -- of the line of 3 questionings for those individuals prepared me 4 for the -- for the idea that some of those 5 questions may be directed to me. 6 Q. What questions do you mean when you 7 say questions that would be directed to you? 8 A. Questions about costs associated 9 with the -- with the epidemic and our -- and 10 our investment in those services. Some of the 11 financial questions in particular. 12 I was hoping that potentially I 13 could gain some information about that, 14 although their -- the questions were general 15 and were not helpful in that regard because 16 Dr. Smith did not know -- you know, he did not 17 have access to a lot of the financial 18 information. 19 The -- Bill Harper's 20 characterization of his time at the board and 21 what he had learned about -- about the opiate 22 epidemic in his time at the board. 23 Q. Why was that helpful? 24 A. Because I -- I assumed that there 25 may be questioning around the same lines for</p>
<p style="text-align: right;">Page 55</p> <p>1 A. No. 2 Q. Have you reviewed any documents in 3 preparation for your deposition here today? 4 A. I looked at depositions. 5 Q. You read somebody's depositions? 6 A. I read a portion of Bill Harper's 7 deposition and a portion of Doug Smith's 8 deposition. 9 Q. Why did you do that? 10 A. To get an idea of what sort of 11 questions might be asked. 12 Q. Why did you want to have an idea of 13 what the questions would be? 14 A. Because I knew that many of those 15 questions would be deferred to me. 16 Q. You said -- did you review those 17 deposition transcripts from front to back, or 18 only parts of them? 19 A. I started the front and start -- 20 and very quickly began to skim. I -- both -- 21 both depositions I maybe got through half of. 22 Q. Were there any excerpts from those 23 deposition transcripts that you thought were 24 particularly helpful in terms of your 25 preparation for your deposition here today?</p>	<p style="text-align: right;">Page 57</p> <p>1 me. 2 Q. Okay. So you anticipate that that 3 will be helpful? 4 A. I anticipated that it might be 5 helpful for me to remember. 6 Q. Did you learn something from 7 reading those depositions that you didn't 8 already know? 9 A. No, no. 10 Q. Was there anything that you read in 11 those deposition transcripts with which you 12 disagreed? 13 A. Nothing -- nothing material. 14 Q. What about immaterial? 15 A. Possible. Possibly. 16 Q. What do you recall that you 17 disagreed with? 18 A. I -- I don't have a recollection. 19 I just remember that I -- I sort of registered 20 that maybe Bill got this wrong in a -- in -- in 21 his recollection of an event. 22 Q. What event do you think Bill got 23 wrong in terms of his description? 24 A. I -- I don't -- I honestly don't 25 remember.</p>

<p style="text-align: right;">Page 58</p> <p>1 Q. Anything besides that one event 2 that you think was incorrect when you read 3 those transcripts? 4 MS. KEARSE: Object to form. 5 A. No, no. 6 Q. Everything else you read you felt 7 was accurate? 8 MS. KEARSE: Object to form. 9 Q. Is that fair? 10 A. I think it was accurate in the 11 context of -- of Bill's experience, yes. 12 Q. What about with respect to 13 Dr. Smith's testimony? Was there anything that 14 you read from Dr. Smith's deposition transcript 15 that you thought was inaccurate? 16 A. No. 17 Q. You agreed with everything you read 18 there? 19 A. Generally, yes. 20 Q. When you say "generally," is that 21 meant to be a caveat? 22 MS. KEARSE: Object to form. 23 A. I -- I don't remember disagreeing 24 with anything that I read. 25 Q. Did you review any other materials</p>	<p style="text-align: right;">Page 60</p> <p>1 So I've never had -- we've never 2 had, then, an opportunity to talk about that 3 since. 4 Q. Did you bring with you here today 5 any materials? 6 A. No. 7 Q. Do you have a copy of the 8 computation that you and Ms. Peivich prepared 9 in terms of these expenditures and the 10 computation you did? 11 MS. KEARSE: Object to form. 12 A. I -- I do believe I have a copy of 13 it, yes. 14 Q. You have one on your computer? 15 A. It may have -- I may have received 16 a copy of it in -- in an e-mail. 17 Q. Is there any reason you would be 18 unwilling to provide that to those of us who 19 are working on this litigation? 20 MS. KEARSE: I'm going to object to 21 form. And again I'm going to advise counsel if 22 it was done at the advice of counsel, there may 23 be a reason why he's not -- and I don't know, 24 but I think that's an inappropriate question. 25 Q. Is there any reason you can think</p>
<p style="text-align: right;">Page 59</p> <p>1 in preparation for your deposition here today 2 other than the deposition transcripts that 3 you've just identified? 4 A. No. 5 Q. Did you look at any documents? 6 A. No, no. 7 Q. Have you had conversations with 8 anybody other than Ms. Peivich about the 9 content or substance of the deposition 10 testimony you would provide here today? 11 A. No. Just with Ms. Peivich. 12 Q. And what specifically did you 13 discuss with Ms. Peivich in terms of the 14 content or substance of the testimony that you 15 would provide here today? 16 A. Well, Ms. Peivich approached me and 17 offered to sit down with me to talk about any 18 questions related to -- that I might have 19 related to our -- our computation of -- of 20 expenditures related to the opiate epidemic. 21 At the time that she approached me, 22 I told her that I really didn't have a sense of 23 what I would need to know, and, therefore, I 24 didn't really -- didn't feel like that kind of 25 conversation would be helpful.</p>	<p style="text-align: right;">Page 61</p> <p>1 of why, from your perspective, you would not be 2 willing to share the content of the computation 3 and the methodologies that were employed to 4 perform the computation that you and 5 Ms. Peivich -- 6 MS. KEARSE: Object -- 7 Q. -- put together? 8 MS. KEARSE: Object to form. 9 A. My concern about releasing that 10 information is that we released -- that we 11 pro- -- that we collected this information and 12 we provided this information as an exercise for 13 our attorneys and, therefore, consider it to be 14 privileged. 15 Q. Okay. But setting aside the 16 privilege, is there any substantive reason? Is 17 there anything -- any other reason that you can 18 think of why you would not be willing to share 19 that information? 20 MS. KEARSE: I'm going to object to 21 the form. I'm going to object to you telling 22 him to -- not to abide by privilege that he 23 just claimed. 24 MR. BOEHM: Well, you're -- you're 25 making a caricature of what I said, but that's</p>

<p style="text-align: right;">Page 62</p> <p>1 fine.</p> <p>2 Q. Go ahead.</p> <p>3 A. I -- I would have no objection to</p> <p>4 releasing that information.</p> <p>5 MS. KEARSE: And I'm going to --</p> <p>6 Q. Have you read --</p> <p>7 MS. KEARSE: -- enter an objection</p> <p>8 to the extent that it's privileged information.</p> <p>9 MR. BOEHM: I think you've said</p> <p>10 that four or five times now. I'm not sure</p> <p>11 that's true, but I understand that that's the</p> <p>12 claim you're making.</p> <p>13 A. May -- may I clarify?</p> <p>14 Q. Sure.</p> <p>15 A. What I am -- what I am say- --</p> <p>16 saying is that if -- if I was asked to provide</p> <p>17 this information to justify our expenditures, I</p> <p>18 would be -- I would be comfortable with being</p> <p>19 able to defend that document.</p> <p>20 Q. But you're not able to justify</p> <p>21 those expenditures because you don't have them</p> <p>22 here with you today and we don't have them,</p> <p>23 right?</p> <p>24 MS. KEARSE: Object to form.</p> <p>25 A. We do not have them here today.</p>	<p style="text-align: right;">Page 64</p> <p>1 Q. Okay. Did you feel like reading</p> <p>2 the complaint assisted you in that regard?</p> <p>3 A. There was too much material to</p> <p>4 cover, and I didn't have the time to go through</p> <p>5 it.</p> <p>6 Q. Did you learn things that you</p> <p>7 didn't already know from reading the complaint?</p> <p>8 A. I learned that reading legal</p> <p>9 language is not fun.</p> <p>10 Q. Anything else?</p> <p>11 A. No.</p> <p>12 Q. Were you asked to review the</p> <p>13 complaint that Summit County filed in this</p> <p>14 matter before the County brought the lawsuit?</p> <p>15 THE WITNESS: I'm sorry. I'm -- I</p> <p>16 might need a break. I'm just having trouble</p> <p>17 focusing.</p> <p>18 MR. BOEHM: Sure. Of course.</p> <p>19 THE WITNESS: Okay.</p> <p>20 MR. BOEHM: Let's go off the</p> <p>21 record.</p> <p>22 THE VIDEOGRAPHER: Off the record,</p> <p>23 9:58.</p> <p>24 (A recess was taken.)</p> <p>25 THE VIDEOGRAPHER: We're on the</p>
<p style="text-align: right;">Page 63</p> <p>1 Q. So I couldn't sit down and go with</p> <p>2 you -- go through with you the expenditures</p> <p>3 that you claim you've made or ask you about</p> <p>4 them because we don't have them, right?</p> <p>5 MS. KEARSE: Object to form.</p> <p>6 A. That's correct.</p> <p>7 Q. Have you read the written complaint</p> <p>8 that Summit County prepared and submitted for</p> <p>9 purposes of this lawsuit?</p> <p>10 A. I've flipped through it.</p> <p>11 Q. Okay. So when I ask you -- when</p> <p>12 did you do that?</p> <p>13 A. Several weeks ago.</p> <p>14 Q. Did you do that in preparation for</p> <p>15 the deposition here today, or did you just do</p> <p>16 that on your own?</p> <p>17 A. I -- mostly out of curiosity.</p> <p>18 Q. Is that the first time you had done</p> <p>19 that?</p> <p>20 A. Yes.</p> <p>21 Q. Why did you decide to do that?</p> <p>22 A. Because I -- I wanted to have a</p> <p>23 better understanding of the -- the claims that</p> <p>24 were being made against the -- the opiate</p> <p>25 manufacturers and the distributors.</p>	<p style="text-align: right;">Page 65</p> <p>1 record, 10:18.</p> <p>2 BY MR. BOEHM:</p> <p>3 Q. Hi, Mr. Craig. We are back from a</p> <p>4 short break. And when we broke, actually I had</p> <p>5 a question pending, and typically we don't take</p> <p>6 breaks when there's a question pending, but I</p> <p>7 gave you an exception because it seemed like</p> <p>8 you needed one. But -- but the rule generally</p> <p>9 is if there's a question pending, you can</p> <p>10 answer the question, then we can do a break if</p> <p>11 you need one.</p> <p>12 The other thing I wanted to make</p> <p>13 sure you understood is that you have taken an</p> <p>14 oath to tell the truth today? Do you</p> <p>15 understand that?</p> <p>16 A. Yes, sir.</p> <p>17 Q. And you know that -- you've heard</p> <p>18 the term "the truth, the whole truth, and</p> <p>19 nothing but the truth"?</p> <p>20 A. Yes.</p> <p>21 Q. And you understand that that's the</p> <p>22 standard that you're being held to here today?</p> <p>23 A. Yes.</p> <p>24 Q. Okay. It's the same standard that</p> <p>25 you'd be held to if a judge was sitting here</p>

<p style="text-align: right;">Page 66</p> <p>1 watching you, right? Do you understand that?</p> <p>2 A. Yes.</p> <p>3 Q. Okay. The question that I had</p> <p>4 pending for you was whether or not you were</p> <p>5 asked to review the written complaint that was</p> <p>6 filed in this lawsuit by Summit County before</p> <p>7 the lawyers actually filed it.</p> <p>8 A. No, I was not.</p> <p>9 Q. Before the complaint was filed by</p> <p>10 Summit County, did anybody consult with you</p> <p>11 about the nature of the allegations?</p> <p>12 A. I'm not sure what you mean by</p> <p>13 consult with me.</p> <p>14 Q. Did anybody come to you and say</p> <p>15 something along the lines of, "Mr. Craig, we're</p> <p>16 considering filing a lawsuit, and given that</p> <p>17 you have been the head of the Summit County</p> <p>18 ADAMHS Board since 2007, we'd like to get your</p> <p>19 thoughts and input before we complete and file</p> <p>20 this lawsuit"? Did anybody do that?</p> <p>21 MS. KEARSE: Object to form.</p> <p>22 A. No.</p> <p>23 Q. Did anybody consult with you in any</p> <p>24 way about the content of the written complaint</p> <p>25 before it was filed?</p>	<p style="text-align: right;">Page 68</p> <p>1 general for me to be able to answer --</p> <p>2 Q. I understand.</p> <p>3 A. -- with any kind of --</p> <p>4 Q. No. That -- that's fair.</p> <p>5 A. -- legitimacy.</p> <p>6 Q. I'm sorry. That's fair. I</p> <p>7 understand what you're saying.</p> <p>8 You've given a lot of thought to</p> <p>9 the opioid abuse epidemic in Summit County by</p> <p>10 virtue of your position as the head of the</p> <p>11 ADAMHS Board here. Is that fair?</p> <p>12 A. I've -- I've given a lot of thought</p> <p>13 to the opiate epidemic, yes.</p> <p>14 Q. And you've given a lot of thought</p> <p>15 to what might be done to help, right?</p> <p>16 A. Yes, I have.</p> <p>17 Q. You've given a lot of thought to</p> <p>18 what are the factors that have caused the</p> <p>19 epidemic, fair?</p> <p>20 A. Yes, I have.</p> <p>21 Q. My question to you is in the</p> <p>22 context of the filing of the Summit County</p> <p>23 lawsuit, did anybody come to you -- given the</p> <p>24 amount of thought that you've given to the</p> <p>25 scope and causes of the epidemic in Summit</p>
<p style="text-align: right;">Page 67</p> <p>1 A. No.</p> <p>2 Q. Did anybody ask you what factors</p> <p>3 you considered to be contributing elements to</p> <p>4 the opioid abuse epidemic in Summit County</p> <p>5 before the written complaint was filed?</p> <p>6 A. By "anybody," you mean anybody</p> <p>7 anywhere?</p> <p>8 Q. In connection with the lawsuit</p> <p>9 that's been brought, did anybody come to you</p> <p>10 and say, "Mr. Craig" -- say something along the</p> <p>11 lines of, "Mr. Craig, what do you consider to</p> <p>12 be the contributing factors to the opioid abuse</p> <p>13 epidemic in Summit County"?</p> <p>14 MS. KEARSE: Object to form.</p> <p>15 A. Again, I'm not -- I'm just not</p> <p>16 following you.</p> <p>17 And let me explain. I've done</p> <p>18 presentations in the community where those</p> <p>19 kinds of questions get asked, so when you ask</p> <p>20 me whether anybody has asked me, certainly</p> <p>21 somebody has asked me those questions at</p> <p>22 various times during my presentations.</p> <p>23 Therefore, if you're asking me</p> <p>24 about specif- -- specific -- if you --</p> <p>25 So it's just -- it's just too</p>	<p style="text-align: right;">Page 69</p> <p>1 County, did anybody come and ask you to provide</p> <p>2 any feedback about what factors you considered</p> <p>3 to be causing the epidemic in Summit County</p> <p>4 before the lawsuit was filed?</p> <p>5 MS. KEARSE: Object to form.</p> <p>6 A. I'll say that nobody has consulted</p> <p>7 with me about the factors leading up to the</p> <p>8 opiate epidemic.</p> <p>9 Q. To your -- to the best of your</p> <p>10 knowledge, was anybody, other than yourself,</p> <p>11 from or on behalf of the Summit County ADAMHS</p> <p>12 Board consulted about the content of the</p> <p>13 written complaint before it was filed by Summit</p> <p>14 County?</p> <p>15 MS. KEARSE: Object to form.</p> <p>16 A. No.</p> <p>17 Q. Do you know why not?</p> <p>18 A. At the time that the lawsuit was</p> <p>19 filed, I believe that there was an assumption</p> <p>20 by the county executive's office that we were</p> <p>21 part of the County under -- under the county</p> <p>22 executive's -- as part of -- as part of the</p> <p>23 County, when in reality we're a -- a division</p> <p>24 of -- of government separate from the County</p> <p>25 with our own board of directors. I don't</p>

<p style="text-align: right;">Page 70</p> <p>1 believe that the County felt it was necessary 2 to consult with us. 3 Q. Okay. Well, setting aside just for 4 a moment whether or not it was necessary for 5 the County to consult with the ADAMHS Board, 6 why do you think they didn't consult with the 7 ADAMHS Board, given the nature of the work that 8 you all do here in the county? 9 MS. KEARSE: Object to form. 10 A. I don't know that our input would 11 have materially affected their decision to move 12 forward with the lawsuit. 13 Q. Well, okay. Let's go to that for 14 just a second. 15 Why not? 16 A. Because I believe that the county 17 executive had already considered that this 18 would be an appropriate course of action. 19 Q. And when you say "the county 20 executive," you mean Ms. Shapiro? 21 A. Yes. 22 Q. Is it your understanding that 23 Ms. Shapiro is the individual who made the 24 ultimate decision to bring a lawsuit on behalf 25 of Summit County?</p>	<p style="text-align: right;">Page 72</p> <p>1 county executive communicate with the ADAMHS 2 Board about the content of the written 3 complaint filed by Summit County? 4 MS. KEARSE: Object to form. 5 A. I don't know. You'd have to ask 6 her that. 7 Q. Have you ever asked her that? 8 A. I have not asked her that. 9 Q. Have you ever expressed any concern 10 about the fact that neither you nor anybody 11 from the Summit County ADAMHS Board was 12 consulted about the content of the written 13 complaint submitted by the County before it was 14 filed? 15 MS. KEARSE: Object to form. 16 A. No. 17 Q. Have you ever expressed any concern 18 about the role that the ADAMHS Board for Summit 19 County would play with respect to participation 20 in the County's lawsuit? 21 MS. KEARSE: Object to form. 22 A. I'm sorry. Could you read the 23 question back? 24 Q. Sure. Have you ever expressed any 25 concern about the role that the Summit County</p>
<p style="text-align: right;">Page 71</p> <p>1 A. That would be my understanding. 2 Q. Have you ever had any conversations 3 with Ms. Shapiro about the opioid abuse 4 epidemic within Summit County? 5 MS. KEARSE: Object to form. 6 A. I've -- I've had conversations with 7 Ms. Shapiro about the opioid epidemic, yes. 8 Q. What have the nature of your 9 conversations with Ms. Shapiro been on that 10 subject? 11 A. There have been times when 12 individuals have approached the County who 13 wanted to do something to address the needs of 14 individuals affected by the opiate epidemic. 15 And -- and Ms. Shapiro would bring me into 16 those meetings to talk about resources and 17 whether or not we might be able to assist or 18 evaluate the -- the merits of the proposal. 19 Q. Now, you indicated that you didn't 20 think feedback from the ADAMHS Board would have 21 impacted Ms. Shapiro's decision to bring the 22 lawsuit. 23 But I was actually asking just a 24 slightly different question, and that is 25 whether or not -- or why not -- why didn't the</p>	<p style="text-align: right;">Page 73</p> <p>1 ADAMHS Board would play with respect to 2 participation in the County's lawsuit? 3 A. No. 4 Q. Do you have any such concerns? 5 A. I -- I don't have any concerns, no. 6 Q. Have you ever had such concerns? 7 A. Not with regard to our role. 8 - - - - - 9 (Thereupon, Deposition Exhibit 1, 10 5/3/2018 E-Mail Chain Re: Meeting, 11 SUMMIT_001104515 to 001104516, was 12 marked for purposes of 13 identification.) 14 - - - - - 15 Q. All right. I'm marking a document 16 that has been designated as Exhibit 1 for 17 purposes of your deposition. 18 And this is an e-mail chain from 19 May of 2018. A little bit earlier in the chain 20 there's an e-mail from you -- 21 A. Uh-huh. 22 Q. -- to Ms. Cheri Walter. Do you see 23 that? 24 A. Uh-huh. 25 Q. And you write, "I continue to have</p>

<p style="text-align: right;">Page 74</p> <p>1 concerns about the role the boards have with 2 regard to participation as a County entity in 3 our County's lawsuit." 4 A. Right. 5 Q. Do you see that? 6 A. Yes. 7 Q. So here's an instance where you 8 were expressing concern, right? 9 A. Yes. 10 MS. KEARSE: Object to form. 11 Q. What concerns did you have about 12 the role of the Summit County ADAMHS Board and 13 what it -- and what that role would be in 14 connection with Summit County's lawsuit? 15 A. When the county executive announced 16 the lawsuit and we were named as a -- a 17 plaintiff in the lawsuit, we had not yet gone 18 through our board of directors to authorize our 19 participation in the lawsuit and was feeling as 20 though our participation was assumed by the 21 county executive without acknowledging or 22 understanding that we had our own board of 23 directors and that we were not authorized to 24 participate in the lawsuit without the 25 board's -- without the board's permission.</p>	<p style="text-align: right;">Page 76</p> <p>1 A. Yes. 2 Q. And that was a concern that you 3 expressed in May 2018, right? 4 A. Right. 5 Q. Is that a concern that you still 6 have here today? 7 A. It was -- the concern was less 8 about being dragged in as to the fact that we 9 were included in the lawsuit without going 10 through the proper protocol. 11 Q. Well, "dragged in," that -- those 12 are the words you chose, not me, right? 13 A. Correct. Correct. That is -- 14 Q. I'm just -- 15 A. -- a characterization. I -- I 16 didn't feel as though we were being dragged in. 17 I felt as though we were being included in 18 the -- in the lawsuit without -- without us 19 having done our part to make sure that that was 20 an authorized participation. 21 Q. Just to make sure the record is 22 clear, I'm reading the words on the page 23 correctly, right? 24 MS. KEARSE: Object to form. 25 A. Yes. I -- I did write those words.</p>
<p style="text-align: right;">Page 75</p> <p>1 Q. Your view is that the ADAMHS Board 2 is independent of County government, right? 3 MS. KEARSE: Object to form. 4 A. I wouldn't say that we're 5 independent of County government, but we are 6 not under the control of -- or supervision of 7 the County government. 8 Q. Do you consider the Summit County 9 ADAMHS Board to be an organ of Summit County 10 government? 11 A. An organ? 12 Q. Yeah. 13 A. I'm sorry. We are -- we are an 14 affiliated organization, yes. 15 Q. Okay. And you were worried that 16 the ADAMHS Board was being dragged into the 17 lawsuit, right? 18 MS. KEARSE: Object to form. 19 A. We were concerned that the county 20 executive had not -- had not followed the 21 proper protocol to include us in the lawsuit. 22 Q. You write here to Ms. Walter, "I'm 23 concerned we are being dragged into this 24 lawsuit." 25 Do you see that?</p>	<p style="text-align: right;">Page 77</p> <p>1 Q. Okay. When you said -- you didn't 2 say, "I'm not concerned about being dragged 3 into the lawsuit. You said, "I'm concerned 4 about being dragged into the lawsuit," right? 5 MS. KEARSE: Objection. 6 Argumentative. 7 A. I -- that is what I wrote. 8 Q. And my question to you is, is that 9 how you feel here today? 10 A. No. 11 Q. What has changed, in your 12 understanding, to have alleviated the concerns 13 that you expressed in May 2018? 14 A. Our board of directors, along with 15 the representatives from the county -- county 16 executive's office and the attorneys that 17 represent us in this matter had an opportunity 18 to review the pros and cons of our 19 participation and also to -- to understand a 20 little bit more about -- about what's at stake. 21 Q. Okay. What -- what is it that 22 you're referring to specifically? 23 A. What -- if we -- we wanted to -- we 24 wanted to be very careful to look at, if we 25 chose to participate in -- in the lawsuit,</p>

<p style="text-align: right;">Page 78</p> <p>1 that -- you know, what protections would we 2 have from a financial perspective, because we 3 were -- we were concerned about that. We were 4 concerned about the discovery process and what 5 that might entail and the cost associated with 6 that. We were concerned about making sure that 7 our board of directors had an appreciation for 8 what this would entail, from a staff 9 perspective. 10 Q. Anything else? 11 A. And -- and the other component was 12 what would -- what would be our recourse if we 13 chose not to participate in the lawsuit. 14 Q. As I understood it, the county 15 executive told you that you didn't have a 16 choice whether to participate? 17 MS. KEARSE: Object to form. 18 Q. Did I -- 19 MS. KEARSE: Mischaracterizes -- 20 Q. Did I -- 21 MS. KEARSE: -- testimony. 22 Q. Did I misunderstand that? 23 A. I don't believe that the county 24 executive ever told me whether I had a choice 25 or I did not have a choice. My -- you know, we</p>	<p style="text-align: right;">Page 80</p> <p>1 Q. Do you believe that the ADAMHS 2 Board for Summit County is a party in this 3 litigation? 4 A. Yes, I do. 5 Q. Okay. What's the basis of your 6 understanding with respect to that question? 7 A. We're named in the suit. 8 Q. Named as a party? 9 A. Yes. 10 Q. And do you understand that 11 ADAMHS -- the ADAMHS Board for Summit County is 12 named as a party, independent of the Summit 13 County government; is that right? 14 A. I don't -- I don't know whether we 15 are named as a party independent of the County. 16 I don't know that that's necessarily 17 specifically stated in the lawsuit. 18 Q. Uh-huh. You indicated that you had 19 some concerns about financial protections, 20 right? 21 A. Yes. 22 Q. What do you mean by that? 23 A. Whether the costs of our 24 participation in the lawsuit would be -- would 25 be recoverable.</p>
<p style="text-align: right;">Page 79</p> <p>1 were included in the lawsuit. 2 Q. Okay. Did you ever have any 3 conversations with anybody about whether or not 4 the Summit County ADAMHS Board had a choice to 5 participate in the lawsuit? 6 MS. KEARSE: Object to form. 7 A. I don't -- I -- it's my belief that 8 we had a choice in the matter. That we could 9 have excused ourselves from the lawsuit because 10 it would not have been authorized for -- if our 11 board of directors decided that they did not -- 12 they did not want to participate in the 13 lawsuit, that that would be an option. 14 Q. What's the basis of your 15 understanding of -- of what you just said? 16 A. Because I'm not able to enter into 17 litigation without the approval of my board of 18 directors. 19 Q. You said that you understood you 20 had a choice, that you could have withdrawn 21 from the lawsuit. 22 A. By I -- we -- I have a choice, 23 meaning my organization -- 24 Q. Uh-huh. 25 A. -- would have had a choice.</p>	<p style="text-align: right;">Page 81</p> <p>1 Q. Were you concerned about who would 2 get the money in the event there was some kind 3 of financial recovery in connection with this 4 lawsuit? 5 MS. KEARSE: Object to form. 6 A. I have been concerned about whether 7 we would have received dollars come from 8 this -- from this litigation. 9 Q. And have you been assured that to 10 the extent there is a financial recovery on the 11 part of Summit County, that the ADAMHS Board 12 will receive funds in connection with such a 13 recovery? 14 MS. KEARSE: Object to form. And 15 to the extent there's anything that's 16 privileged information, I would direct you not 17 to answer. 18 A. I -- I don't know that I've been 19 promised any compensation for participation. 20 Q. You don't know? 21 A. I don't. I don't recall having a 22 conversation about that. 23 Q. That's been something that you've 24 been wondering about though, right? 25 MS. KEARSE: Object to form.</p>

<p style="text-align: right;">Page 82</p> <p>1 A. Certainly it is something that 2 would -- that I would be concerned about, yes. 3 Q. And have you ever discussed that 4 with anybody in the County, that particular 5 concern about whether or not the ADAMHS Board 6 was going to get the compensation it would like 7 in connection with the lawsuit? 8 A. I may have, yes. 9 Q. Who have you talked with about 10 that? 11 A. I don't recall. 12 Q. Do you recall having had 13 conversations along those lines? 14 A. Yes. 15 Q. But you don't remember with whom? 16 A. You know, I've had conversations 17 about the opiate litigation in a variety of 18 different venues, generally speaking; that 19 the -- the pros and cons of participation with 20 my colleagues at the State level, with 21 individuals within the County, but I can't 22 specifically -- I can't specifically recall any 23 of those conversations. 24 Q. You thought that it might be 25 prudent to consult with legal counsel on behalf</p>	<p style="text-align: right;">Page 84</p> <p>1 in its complaint are accurate? 2 MS. KEARSE: Object to form. 3 A. Not in total, no. 4 Q. And why do you say, no, not in 5 total? 6 A. Because the lawsuit encompasses 7 many parts of the County that I don't have 8 direct knowledge about. 9 Q. You understand that the written 10 complaint states allegations, right? 11 MS. KEARSE: Object to form. Calls 12 for a legal term that you're using as well, so. 13 Q. Do you know what allegations are? 14 A. Yes, generally. I -- I'm aware 15 that there are allegations in the lawsuit, yes. 16 Q. With respect to the allegations 17 that are made by Summit County in the written 18 complaint, do you have an informed view about 19 whether or not those allegations are accurate? 20 MS. KEARSE: Object to form. 21 A. I do not. 22 Q. Why not? 23 A. Because there are parts of the 24 County that I don't touch or that I don't have 25 interaction with that are named in this</p>
<p style="text-align: right;">Page 83</p> <p>1 of the Summit County ADAMHS Board, separate and 2 apart from the County, to ensure that you were 3 properly represented? 4 A. That's correct. 5 Q. Did you ever, in fact, engage such 6 counsel? 7 A. Yes, we did. 8 Q. Separate from the lawyers for the 9 County? 10 A. Yes. 11 Q. Who did you engage? 12 A. Christina Shaynak Diaz. 13 Q. Is -- is that attorney still 14 representing Summit County ADAMHS Board in 15 connection with the opioid abuse epidemic in 16 any way? 17 MS. KEARSE: Object to form. 18 A. We have not -- since we've made the 19 decision to -- since our board has made the 20 decision to participate in the lawsuit, we have 21 not engaged Christina Shaynak Diaz as a -- as 22 our attorney. 23 Q. Do you have an informed view about 24 whether the specific allegations that are made 25 in the written lawsuit filed by Summit County</p>	<p style="text-align: right;">Page 85</p> <p>1 lawsuit. 2 Q. Any other reason? 3 A. No. 4 Q. When you -- you said you read part 5 of the complaint, right? 6 A. Yes. 7 Q. You didn't read the whole thing? 8 A. No, I did not. 9 Q. You thought it was boring? 10 MS. KEARSE: Object to form. 11 A. I didn't say that it was boring. I 12 said that it was just too much material for me 13 to be able to cover. 14 Q. I didn't mean to be flippant. I -- 15 I was reading between the lines. I thought you 16 were kind of suggesting that it was hard to 17 read. 18 MS. KEARSE: And I'm going to 19 object to form. And I think you are being 20 flippant, so I ask you to just ask -- 21 Q. Isn't that what you were -- 22 MS. KEARSE: -- him straight 23 questions. 24 Q. -- suggesting earlier this morning? 25 That you didn't -- I'm not being critical of</p>

<p style="text-align: right;">Page 86</p> <p>1 it. It's a long document, right?</p> <p>2 MS. KEARSE: Object to form. Just</p> <p>3 ask a question. No commentary.</p> <p>4 MR. BOEHM: I did just -- I did</p> <p>5 just ask a question.</p> <p>6 A. It is a long document, yes.</p> <p>7 Q. And -- and you said that you</p> <p>8 struggled to read the whole thing, right?</p> <p>9 MS. KEARSE: Object to form.</p> <p>10 A. As I said, I -- I started to read</p> <p>11 it, and then I started to skim it.</p> <p>12 Q. And you said the thing that you</p> <p>13 learned about it is that you didn't like</p> <p>14 reading legalese, right?</p> <p>15 MS. KEARSE: Object to form.</p> <p>16 A. There was way more information in</p> <p>17 there than I could assimilate in the short time</p> <p>18 that I had to review it.</p> <p>19 Q. How much time did you spend</p> <p>20 reading -- reading the written complaint filed</p> <p>21 by Summit County in this matter?</p> <p>22 A. Probably no more than 10 minutes.</p> <p>23 Q. Has a licensed physician ever</p> <p>24 written you a prescription for an opioid</p> <p>25 medication?</p>	<p style="text-align: right;">Page 88</p> <p>1 Q. Go ahead.</p> <p>2 MS. KEARSE: I -- I'm -- you're not</p> <p>3 going to --</p> <p>4 MR. BOEHM: You said it. You said</p> <p>5 it, and now he gets to answer it if he wants</p> <p>6 to.</p> <p>7 MS. KEARSE: All right. You're not</p> <p>8 going to set the relevancy standard here as</p> <p>9 well, so --</p> <p>10 Q. Go ahead.</p> <p>11 MS. KEARSE: -- if you want to</p> <p>12 answer, you can answer; if you don't, you have</p> <p>13 your own protections to discuss your or your</p> <p>14 family's --</p> <p>15 MR. BOEHM: That's --</p> <p>16 MS. KEARSE: -- medical issues.</p> <p>17 Q. Go ahead.</p> <p>18 A. I don't feel comfortable talking</p> <p>19 about the medications that were prescribed to</p> <p>20 my family members or disclosing their personal</p> <p>21 health information.</p> <p>22 Q. Have you ever expressed to any of</p> <p>23 your family members or close friends or given</p> <p>24 to them advice that they should not use a</p> <p>25 prescription opioid medication that was</p>
<p style="text-align: right;">Page 87</p> <p>1 MS. KEARSE: I'm going to object to</p> <p>2 form. And I'm going to instruct the witness to</p> <p>3 answer if you want to answer, or not. If not,</p> <p>4 you've got, you know, your own protections on</p> <p>5 whether or not you disclose your medical</p> <p>6 information.</p> <p>7 A. I don't know. I don't know.</p> <p>8 Q. Do you recall that ever happening?</p> <p>9 A. I -- I don't know. It's possible,</p> <p>10 back in the '70s, that I had -- I had a</p> <p>11 surgical procedure, and it's possible that</p> <p>12 opiates were used, but I do not know.</p> <p>13 Q. Do you know if any of your</p> <p>14 family's -- family members -- sorry. Let me</p> <p>15 just start over.</p> <p>16 Have any of your family members, to</p> <p>17 your knowledge, ever used a prescription opioid</p> <p>18 medication?</p> <p>19 MS. KEARSE: And I'm going to</p> <p>20 advise the witness just again, these are your</p> <p>21 family members' and yourself's medical</p> <p>22 information there. You're not obligated to</p> <p>23 disclose that information. You've got your own</p> <p>24 protections on that.</p> <p>25 MR. BOEHM: I think it's relevant.</p>	<p style="text-align: right;">Page 89</p> <p>1 prescribed to them by a licensed physician?</p> <p>2 MS. KEARSE: I'm going to object to</p> <p>3 the form. The same objection I had before.</p> <p>4 A. I have, yes.</p> <p>5 Q. Who have you expressed that to?</p> <p>6 A. My son.</p> <p>7 Q. Did your son actually receive a</p> <p>8 prescription from a licensed physician --</p> <p>9 MS. KEARSE: Objection.</p> <p>10 Q. -- for an opioid medication?</p> <p>11 MS. KEARSE: Objection. Same line</p> <p>12 of objections and advice to the couns- -- to my</p> <p>13 client.</p> <p>14 A. And again, I really don't want to</p> <p>15 talk about the medical issues of my family's...</p> <p>16 Q. Okay. Did you tell your son that</p> <p>17 he should not take a prescription opioid</p> <p>18 medication that had been prescribed by a</p> <p>19 licensed physician?</p> <p>20 MS. KEARSE: Objection.</p> <p>21 A. I've -- I've talked to family</p> <p>22 members about the dangers of using opiate</p> <p>23 medications.</p> <p>24 Q. Understood. My question is, have</p> <p>25 you ever instructed any of your friends, close</p>

<p style="text-align: right;">Page 90</p> <p>1 friends, or family members that they should not 2 take a prescription opioid medication? 3 MS. KEARSE: Object -- 4 A. I have not. I have not. 5 THE WITNESS: I'm sorry. 6 MS. KEARSE: That's okay. 7 Q. You -- you've -- you've discussed 8 with them risks -- 9 MS. KEARSE: Objection. 10 Q. -- right? 11 A. Yes, I have discussed risks. 12 Q. But not told them they should not 13 take the medication, right? 14 MS. KEARSE: Objection. 15 A. I believe I have answered that. 16 Q. Did I summarize that correctly? 17 A. Yes, you have. 18 Q. Have any of your close friends or 19 family members ever suffered from a substance 20 use disorder? 21 MS. KEARSE: Objection to form. 22 I'm going to advise my client the same area of 23 testimony that if you do not want to disclose 24 medical information of your family. 25 Q. I'm not asking for anybody's name.</p>	<p style="text-align: right;">Page 92</p> <p>1 and nor his. So that's just not an issue. 2 MR. BOEHM: May or may not be true. 3 I'm just asking the questions. 4 MS. FLOWERS: And he's indicated to 5 you that he doesn't want to answer. So why -- 6 MR. BOEHM: No. No, he hasn't. 7 MS. FLOWERS: -- don't you move on? 8 MR. BOEHM: He hasn't had any 9 response because you guys have been talking 10 ever since I asked the question. 11 MS. KEARSE: Well, he does- -- 12 MR. BOEHM: Stop trying to put 13 words in the witness's mouth. 14 MS. FLOWERS: That's -- that's not 15 fair at all. 16 MS. KEARSE: Counsel -- 17 MR. BOEHM: I'm going to ask the 18 question. You can make an objection to form, 19 and then we can see what the witness is going 20 to say. 21 MS. KEARSE: Okay. 22 MR. BOEHM: But I'm not going to 23 hear testimony from you. 24 MS. KEARSE: No. I'm just saying 25 he's here at your request for a fact witness</p>
<p style="text-align: right;">Page 91</p> <p>1 I'm just curious, given that you're the head of 2 the Summit County ADAMHS Board, and that may 3 inform your views. 4 MS. KEARSE: And he's here in 5 his -- as a fact witness -- 6 MR. BOEHM: Exactly. 7 MS. KEARSE: -- for the -- for the 8 ADAMHS Board, not his personal information -- 9 MR. BOEHM: He's not a 30(b) -- 10 MS. KEARSE: -- and his family's. 11 MR. BOEHM: He's not a 30(b)(6) 12 witness. 13 MS. KEARSE: He's not even a 14 30(b)(6). He's here as -- 15 MR. BOEHM: I'm asking about his 16 personal knowledge and experience. 17 MS. KEARSE: Counsel -- Counsel, 18 let me just say, Mr. Craig has appeared at 19 the -- at the request of counsel as a fact 20 witness in this litigation -- 21 MR. BOEHM: Exactly. 22 MS. KEARSE: -- regarding his work 23 at the ADAMHS Board. Nothing about his 24 personal family -- his friends and family 25 regarding their personal use of opioids and --</p>	<p style="text-align: right;">Page 93</p> <p>1 regarding the ADAMHS -- 2 MR. BOEHM: You've already said it. 3 Why are you saying that again? I've already 4 heard that. 5 MS. KEARSE: Because you seem to be 6 very argumentative. 7 MR. BOEHM: I want to ask my 8 question and get on with it. 9 MS. KEARSE: Really. 10 MR. BOEHM: Stop being obstructive. 11 BY MR. BOEHM: 12 Q. My question to you, Mr. Craig, is 13 whether any of your close friends or family 14 members have suffered from a substance use 15 disorder. 16 MS. KEARSE: The same objection and 17 advice. 18 A. I'm not -- I'm not going to answer 19 that question. 20 Q. Why not? 21 A. Because it's not -- because I don't 22 feel comfortable disclosing my family members' 23 personal health information. 24 Q. Have you had any personal 25 experiences with close friends or family</p>

<p style="text-align: right;">Page 94</p> <p>1 members that have informed your understanding 2 about substance use disorders, and in 3 particular with respect to addiction to 4 opioids? 5 MS. KEARSE: Objection. 6 A. Yes. 7 Q. And what are those? 8 A. Again, I don't feel comfortable 9 disclosing personal health information of -- of 10 friends or family members. 11 Q. To be clear, I'm not asking 12 about -- you to identify anybody or what the 13 specific situations were. But to the -- my 14 question to you is, given that you are the head 15 of the Summit County ADAMHS Board, which has 16 responsibility for expending funds through 17 contracting agencies on substance abuse 18 treatment, and you have experiences that inform 19 your views about that subject, I'm asking you 20 about that. And this is my chance to do it, 21 unless we go back to a judge and ask for 22 another round of this. 23 MS. KEARSE: I'm going -- 24 Q. To the extent your views have been 25 informed, your professional views are informed</p>	<p style="text-align: right;">Page 96</p> <p>1 A. I don't know that. I don't 2 remember the question that I responded to. 3 Q. Okay. Did I hear you correctly say 4 that you've had personal experiences with close 5 friends or family members that have impacted 6 your own views about substance use disorders, 7 and specifically with respect to opiate abuse? 8 MS. KEARSE: Objection to form. 9 A. I guess the part of your question 10 that I'm not clear about is -- is what you mean 11 by impacted my views. Certainly I'm aware of 12 individuals who've had experience with opiates 13 in -- in my family and in my personal 14 friendships. 15 Q. How have those experiences impacted 16 your views about substance use disorder? 17 A. I -- I believe that they've 18 reinforced some of my empathy towards 19 individuals suffering from a substance abuse 20 disorder. It's helped me to have a better 21 understanding of families and the way that 22 families are affected by substance use 23 disorders. 24 There's probably a lot of different 25 ways that individuals, families who've been</p>
<p style="text-align: right;">Page 95</p> <p>1 by your personal experiences, I'm believe I'm 2 entitled to that. That's what I'm asking. 3 I'm not asking about names. I'm 4 not asking about personal health identifying 5 information. I'm asking about the personal 6 experiences that have informed your 7 professional views. 8 MS. KEARSE: I'm going to -- my 9 same running objection and advice. 10 A. There's a lot of material you 11 covered just now, and so I'd like to get back 12 to the root of the question. So could you ask 13 that question again? 14 Q. Sure. You indicated that you have 15 had personal experiences of close friends or 16 family members that have impacted your own 17 views about substance use disorders. 18 MS. KEARSE: Object to form. 19 Mischaracterizes his testimony. 20 Mischaracterizes -- 21 Q. Did I misunderstand that? 22 A. I don't remember the question that 23 I responded to, so maybe -- 24 Q. Was that -- was that fair? Is that 25 fairly accurate?</p>	<p style="text-align: right;">Page 97</p> <p>1 affected by opiates have characterized -- 2 have -- have -- have been affected. 3 - - - - - 4 (Thereupon, Deposition Exhibit 2, 5 11/2/2017 E-Mail Chain Between Jerry 6 Craig and Cheri Walter Re: Opiate 7 Lawsuit, SUMMIT_001090134 to 8 001090135, was marked for purposes 9 of identification.) 10 - - - - - 11 MS. KEARSE: Counsel, I'd just -- 12 can he -- can he finish his -- answering his 13 question before you put another document? I 14 think you are distracting when you are moving 15 on to your next thought and he's still 16 answering a question. I also think it's 17 disrespectful to do that. 18 MR. BOEHM: That's the craziest 19 thing I've heard, that it's disrespectful to 20 set a document down when I'm moving on to the 21 next doc- -- the next -- 22 MS. KEARSE: He was still answering 23 the question, Counsel, and you're putting 24 another document in front of him. So I do 25 think --</p>

<p style="text-align: right;">Page 98</p> <p>1 MR. BOEHM: I'm getting the next 2 document ready. 3 MS. KEARSE: I -- I would ask -- 4 MR. BOEHM: You're just trying to 5 stall -- you're just trying to stall and delay. 6 MS. KEARSE: Counsel, I simply 7 asked, let him finish his question before you 8 pro- -- provide him another exhibit. 9 MR. BOEHM: Well, I'm offended by 10 your suggestion -- 11 MS. KEARSE: And it's distracting. 12 MR. BOEHM: I'm -- I'm offended by 13 your suggestion there's been anything improper 14 about me putting a sticker on the next exhibit 15 in the deposition. 16 MS. KEARSE: I didn't -- initially 17 I didn't say it was improper. I asked you 18 politely to not put another document in front 19 of him until the witness is actually done 20 answering his question. 21 MR. BOEHM: I'm not -- 22 MS. KEARSE: I think it's rude. 23 MR. BOEHM: I'm not going to -- I'm 24 not going to play your games. 25 Q. This is Exhibit 2 --</p>	<p style="text-align: right;">Page 100</p> <p>1 Q. Mr. Craig, I have given you what 2 has been marked as Exhibit 2 for purposes of 3 your deposition. Do you see that? 4 A. I see it. 5 Q. It's an e-mail from November 2017. 6 Do you recall expressing concerns 7 about whether or not you and the ADAMHS Board 8 would receive a fair share of any potential 9 settlement or proceeds from Summit County's 10 lawsuit? 11 A. Can I read through this before you 12 ask your question? 13 Q. Sure. But -- but I'm asking just 14 as a preliminary matter, do you ever -- do you 15 ever recall expressing concerns about receiving 16 a fair share? 17 MS. KEARSE: And I'm going to let 18 the witness -- he said he'd like to review the 19 document that you've just handed to him and 20 asking questions about. 21 MR. BOEHM: We're doing just fine 22 without you, Ms. Kears. You're just getting 23 in the way. 24 MS. KEARSE: Would you like me to 25 leave?</p>
<p style="text-align: right;">Page 99</p> <p>1 MS. KEARSE: Well, I actually just 2 played the -- 3 Q. Mr. Craig, this is -- 4 MS. KEARSE: -- the -- the proper 5 protocol for a deposition. 6 MR. BOEHM: Stop it, please. 7 MS. KEARSE: Let him finish his -- 8 answering his question, and then you can move 9 on to your next question and provide him the 10 next exhibit. 11 MR. BOEHM: I want the record -- I 12 think it speaks for itself, but Ms. Kears has 13 been interrupting, giving long speaking 14 objections, really trying to obstruct the way 15 this deposition proceeds. 16 I don't understand the purpose of 17 it. I don't think it's helping the witness. 18 The most it might be doing is just delaying and 19 running out the clock. It's not appropriate. 20 The objections have been -- especially this 21 last one -- improper and -- and achieve 22 nothing, and I'm just going to ask for it to 23 stop. 24 MS. KEARSE: And the record will 25 reflect itself.</p>	<p style="text-align: right;">Page 101</p> <p>1 MR. BOEHM: Go ahead. 2 MS. KEARSE: You can -- you can 3 read the document that you wanted -- that you 4 were handed that you're being -- 5 A. Have -- 6 MS. KEARSE: -- asked a question 7 about. 8 Q. Go ahead, Mr. Craig. 9 A. Have I ever -- have I ever 10 expressed concern -- can you repeat the 11 question, sir? 12 Q. Yeah. Sure. My -- my question was 13 whether or not you recall having expressed 14 concerns about receiving a fair share for you 15 and the ADAMHS Board of any potential 16 settlement or proceeds from Summit County's 17 lawsuit. 18 A. I have expressed concerns about the 19 ADM Board -- not myself, but the ADM Board 20 receiving a fair share of the settlement. 21 Q. Why were you concerned about that? 22 A. Because I'm aware that in other 23 lawsuits of this type, when there was a 24 settlement, the funds weren't necessarily 25 distributed to boards or in a manner that I</p>

<p style="text-align: right;">Page 102</p> <p>1 felt was -- was appropriate, I guess, or 2 sufficient. 3 Q. What other litigations do you have 4 in mind? 5 A. Am -- am I supposed to read this? 6 Q. In a second. I'm going to -- 7 A. Okay. 8 Q. I'm going to ask you a couple 9 questions about it. 10 A. What other litigation? Like the -- 11 the tobacco settlement. 12 Q. Uh-huh. I see. Anything else? 13 A. No. 14 Q. Your understanding is the tobacco 15 settlement, the funds didn't always end up in 16 the right place? Is that what you're saying? 17 MS. KEARSE: Object to form. 18 A. My understanding -- and, of course, 19 this is not direct understanding, but from 20 conversations with many of my colleagues was 21 that the funds that came as a result of the 22 tobacco settlement didn't necessarily live up 23 to the promises that were made. 24 Q. And when you say "didn't live up to 25 the promises that were made," what do you mean</p>	<p style="text-align: right;">Page 104</p> <p>1 A. When -- when I was first aware that 2 the county executive was going to file a 3 lawsuit, I thought there would be a process to 4 involve us or include us in the -- in the 5 lawsuit to only -- only to discover that our 6 name was in the lawsuit at some point down the 7 road. So that was when I realized that our 8 board of directors hadn't been involved in this 9 to the extent that they needed to be. 10 Q. Do you believe, sitting here today, 11 that the board of directors for the Summit 12 County ADAMHS Board has approved the ADAMHS 13 Board participation in the lawsuit? 14 A. Yes. 15 Q. And in what way has the board of 16 directors approved that? 17 A. By resolution. 18 Q. Okay. And when did that happen? 19 A. I don't remember the month that we 20 had our board meeting. Was in September or 21 October. 22 Q. Of the -- of 2018? 23 A. Yes. 24 Q. And do you -- is it your 25 understanding that by way of that resolution in</p>
<p style="text-align: right;">Page 103</p> <p>1 by that? 2 A. That funds that were supposed to go 3 to treatment agencies through boards did not 4 actually land at boards. 5 Q. Okay. In Exhibit 1, we saw that as 6 of May 2018 you believed that the lawsuit by 7 Summit County was proceeding without any 8 consultation or agreement on the part of the 9 ADAMHS Board, right? 10 A. That is -- 11 MS. KEARSE: Object to form. 12 A. -- right. 13 Q. Did you suggest also that sometime 14 after May 2018 the board of directors for the 15 Summit County ADAMHS Board formally approved 16 participation in the lawsuit? 17 A. Did I suggest that who? 18 Q. The board of directors for the 19 ADAMHS Board formally approved participation in 20 the lawsuit brought by Summit County. 21 A. I did not, because I was not 22 immediately aware that the ADM Board was named 23 as a party to those -- the suit. 24 Q. I'm not sure I followed that. Can 25 you explain?</p>	<p style="text-align: right;">Page 105</p> <p>1 the fall of 2018, the board opted in to 2 participation in this lawsuit? 3 A. Yes. 4 Q. Would that be reflected in meeting 5 minutes of the ADAMHS county board of 6 directors? 7 A. The resolution is incorporated into 8 our board of directors minutes, yes. 9 Q. Are you a recipient of the minutes 10 of the board of director meetings for the 11 Summit County ADAMHS Board? 12 A. Yes, I am. 13 Q. How often does the board of 14 directors meet? 15 A. Our board of directors meets 16 approximately 10 times a year. 17 Q. I think we established earlier that 18 you joined the Summit County ADAMHS Board in 19 2007, right? 20 A. That's correct. 21 Q. Did you become the executive 22 director in 2007? 23 A. I did not. 24 Q. What position did you assume in 25 2007?</p>

<p style="text-align: right;">Page 106</p> <p>1 A. I was hired to the ADM Board under 2 the position of manager of clinical services. 3 Q. When did you become the executive 4 director of the Summit County ADAMHS Board? 5 A. In July -- the board appointed me 6 as an interim director in July of 2010, and 7 subsequently I was -- I was appointed as a 8 full-time or the permanent. I was offered a 9 contract, a three-year contract, in March of 10 2011, I believe. 11 - - - - - 12 (Thereupon, Deposition Exhibit 3, 13 Web Printout, Jerry Craig LinkedIn 14 Profile, was marked for purposes of 15 identification.) 16 - - - - - 17 Q. Okay. We -- we think we found your 18 LinkedIn profile, which is publicly available 19 on that website. 20 A. Uh-huh. 21 Q. And I've marked a printout of that 22 as Exhibit 3. Is this, in fact, your LinkedIn 23 profile? 24 A. It is my LinkedIn profile. 25 Q. Do you maintain this profile</p>	<p style="text-align: right;">Page 108</p> <p>1 A. At the ADAMHS Board? 2 Q. Uh-huh. 3 A. I was the manager of clinical 4 services. 5 Q. For what years were you the manager 6 of clinical services? 7 A. From 2007 -- May of 2007 until I 8 was appointed in July of 2010. 9 Q. Okay. Any -- any other positions 10 you've not identified -- 11 A. No. 12 Q. -- at the ADAMHS Board? 13 A. No. 14 Q. Before you joined the ADAMHS Board, 15 you spent nearly 20 years at an entity named 16 Community Support Services, Incorporated, 17 right? 18 A. Yes. 19 Q. What is that? 20 A. Community Support Services is a 21 contract agency of the Summit County ADM Board 22 serving individuals with severe and persistent 23 mental illnesses. 24 Q. Did -- did your work at Community 25 Support Services, Incorporated involve</p>
<p style="text-align: right;">Page 107</p> <p>1 yourself, or does somebody do it on your 2 behalf? 3 A. I maintain it on my -- my -- by 4 myself. 5 Q. This indicates that you're now the 6 executive director of the Summit County Alcohol 7 Drug Addiction and Mental Health Services 8 Board, right? 9 A. That's correct. 10 Q. And for the record, when we use the 11 term "ADAMHS," that's an acronym that stands 12 for Alcohol Drug Addiction and Mental Health 13 Services Board, right? 14 A. Yes. 15 Q. This doesn't list other positions 16 that you've held at the ADAMHS Board, other 17 than executive director, right? 18 A. That's correct. 19 Q. Are there any other positions that 20 you've not listed here in LinkedIn? 21 A. Yes. 22 Q. What are the other positions? 23 A. I was a paper boy. 24 Q. No, I'm talking about at the ADAMHS 25 Board.</p>	<p style="text-align: right;">Page 109</p> <p>1 treatment of any individuals who suffered from 2 substance use disorders? 3 A. Yes. 4 Q. In what way? 5 A. In every way you could imagine. 6 Q. Can you help us for those of us who 7 didn't live with you for those 20 years at the 8 Community Services -- I'm sorry -- Community 9 Support Services, Incorporated, just understand 10 a bit more about how treatment of -- of 11 substance use disorders played into what you 12 all were doing at that entity? 13 MS. KEARSE: Object to form. 14 A. So at Community Support Services, 15 our mission was to provide services to people 16 with severe and persistent mental illnesses, 17 many of whom had co-occurring disorders. 18 Probably up to 70 percent of those individuals 19 had some sort of substance use disorder. So 20 that would run the gamut from alcohol to any -- 21 any type of illicit substance and prescription 22 pain medication. 23 Q. Are mental health issues associated 24 with substance use disorders? 25 A. Substance -- a substance use</p>

<p style="text-align: right;">Page 110</p> <p>1 disorder is a mental health condition.</p> <p>2 Q. Okay. Well, let me ask it if --</p> <p>3 let me ask you whether or not that relationship</p> <p>4 is bidirectional. In other words, do you know</p> <p>5 whether or not the scientific literature</p> <p>6 supports the view that mental health disorders</p> <p>7 are more likely to result in substance use</p> <p>8 disorders?</p> <p>9 A. I'm not aware of any -- any</p> <p>10 information that -- that would allow me to</p> <p>11 respond to that one way or the other.</p> <p>12 Q. You don't know one way or the</p> <p>13 other? \$</p> <p>14 A. I don't know.</p> <p>15 Q. Have you ever looked into that?</p> <p>16 A. As to whether or not --</p> <p>17 Q. Whether or not mental health</p> <p>18 illness --</p> <p>19 A. Uh-huh.</p> <p>20 Q. -- is -- has a causal relationship</p> <p>21 with substance use disorders?</p> <p>22 MS. KEARSE: Object to form.</p> <p>23 A. Again, I'm still not sure what</p> <p>24 you're asking me. Whether mental illness</p> <p>25 causes substance use disorders, or whether</p>	<p style="text-align: right;">Page 112</p> <p>1 A. Most of my career at Community</p> <p>2 Support Services, I was an administrator, so I</p> <p>3 did not see clients directly.</p> <p>4 However, I was involved in case</p> <p>5 consultations and discussions involving people</p> <p>6 who are in state hospitals and also to assist</p> <p>7 our -- some of our staff in resolving complex</p> <p>8 clinical cases where some of these</p> <p>9 conversations occurred.</p> <p>10 Q. In the context of your case</p> <p>11 consultations and complex clinical</p> <p>12 consultations while you were at Community</p> <p>13 Support Services, Incorporated, did you see</p> <p>14 individuals or were you aware of individuals in</p> <p>15 Summit County who had an addiction to</p> <p>16 prescription opioids?</p> <p>17 A. I don't have -- I -- I can't -- I</p> <p>18 can't have -- I don't -- I don't recall whether</p> <p>19 I've, specifically opiates.</p> <p>20 Q. What were the most common forms of</p> <p>21 substance use disorders that you recall knowing</p> <p>22 about during the time that you were an</p> <p>23 associate director at Community Support</p> <p>24 Services, Incorporated?</p> <p>25 A. Well, in the -- you know, during my</p>
<p style="text-align: right;">Page 111</p> <p>1 substance use disorders cause mental illness?</p> <p>2 Q. Well, so let me -- let me back up.</p> <p>3 I thought --</p> <p>4 A. Okay.</p> <p>5 Q. -- it was clear, but maybe it's</p> <p>6 not.</p> <p>7 I think you said that substance use</p> <p>8 disorder, in your view, is a form of a mental</p> <p>9 health disorder, right?</p> <p>10 A. Right.</p> <p>11 Q. So my question to you is whether or</p> <p>12 not you know whether individuals who have</p> <p>13 mental health disorders are more likely -- from</p> <p>14 an epidemiological, population-based</p> <p>15 perspective, are more likely to suffer from</p> <p>16 substance abuse disorders?</p> <p>17 MS. KEARSE: Object to form.</p> <p>18 Q. Relative to the population overall?</p> <p>19 A. I don't know. I don't know.</p> <p>20 Q. And you've never really looked into</p> <p>21 that question?</p> <p>22 A. Not that I can recall.</p> <p>23 Q. When in your career did you start</p> <p>24 seeing individuals who had developed addiction</p> <p>25 to prescription opioids?</p>	<p style="text-align: right;">Page 113</p> <p>1 time at Community Support Services, we saw a</p> <p>2 lot of marijuana, alcohol, benzodiazepine</p> <p>3 abuse, crack cocaine and cocaine, and -- and</p> <p>4 methamphetamine.</p> <p>5 Q. So you remember instances of all of</p> <p>6 those substances. Do you remember instances of</p> <p>7 opiate use disorders during your time at</p> <p>8 Community Support Services, Incorporated?</p> <p>9 A. Not specifically. What I -- I can</p> <p>10 recall instances of people with a dependence on</p> <p>11 painkillers. Whether they were characterized</p> <p>12 as opiates, I don't know.</p> <p>13 Q. What other types of painkillers do</p> <p>14 you think those might have been, besides</p> <p>15 opioids?</p> <p>16 A. I don't know. I'm not a physician,</p> <p>17 and I don't know what all the -- the full range</p> <p>18 of painkillers is.</p> <p>19 Q. What about heroin? Did you see, in</p> <p>20 your work at Community Support Services,</p> <p>21 Incorporated, individuals in Summit County who</p> <p>22 were experiencing addiction to heroin?</p> <p>23 A. I had no direct contact with --</p> <p>24 with anybody who mentioned heroin.</p> <p>25 Q. Let -- you just said that you --</p>

<p style="text-align: right;">Page 114</p> <p>1 you knew about these occasions of crack and 2 meth and marijuana -- 3 A. Right. 4 Q. -- and benzodia- -- all the other 5 substances. 6 A. Sure. 7 MS. KEARSE: Object to form. 8 Q. I'm asking if you're familiar 9 with -- with respect to similar instances with 10 heroin during the time that you were with the 11 Community Support Services, Incorporated 12 entity. 13 A. And I said, no, I don't. 14 Q. You don't. 15 A. No. 16 Q. Based on your understanding as head 17 of the ADAMHS Board since 2007, when do you 18 believe Summit County started to see an 19 increase in the number of individuals with an 20 addiction to prescription opioids? 21 A. First of all, I was not the 22 director of the ADM Board in 2007. 23 Q. Fair enough. Let me -- let me -- 24 A. Okay. 25 Q. -- revise the question --</p>	<p style="text-align: right;">Page 116</p> <p>1 MS. KEARSE: Object to form. 2 A. Not immediately, no. 3 Q. Okay. What about within the first 4 year? Did that come to your attention within 5 the first year that you were at ADAMHS Board? 6 A. I don't recall. I mean, we're 7 talking about 12 -- you know, almost 12 years 8 ago. 9 Q. And you don't have any memory one 10 way or another. 11 A. I have -- I don't remember when I 12 first became aware. I could -- I couldn't say 13 that, "As of this date, I became aware." 14 Q. Okay. 15 - - - - - 16 (Thereupon, Deposition Exhibit 4, 17 Document Titled, "Continuity of 18 Operations Plan Calling Tree," 19 SUMMIT_001122421, was marked for 20 purposes of identification.) 21 - - - - - 22 Q. I think you said sometime in the 23 late -- first decade of the 2000s you became 24 aware that there was an uptick in individuals 25 in Summit County with an addiction to</p>
<p style="text-align: right;">Page 115</p> <p>1 A. Okay. 2 Q. -- and make sure it's clear. 3 As somebody who's been at the 4 ADAMHS Board since 2007 and the executive 5 director since -- I think you said 2010? 6 A. Correct. 7 Q. -- what is your understanding about 8 when Summit County started seeing an increase 9 in the number of individuals with an addiction 10 to prescription opioids? 11 A. I can remember towards the latter 12 part of the first decade of 2000 where we were 13 getting some reports through our court system, 14 through some of our treatment agencies. And -- 15 and we had a staff person who worked primarily 16 with our substance -- our -- our addiction 17 treatment agencies who really had her finger on 18 the pulse of -- of a lot of that. 19 Q. Who was that individual? 20 A. Paula Rabinowitz. 21 Q. When you joined the ADAMHS Board in 22 2007, were you aware, at that time, of Summit 23 County's seeing an increase in the number of 24 individuals with an addiction to prescription 25 opioids?</p>	<p style="text-align: right;">Page 117</p> <p>1 prescription opioids. 2 Did I understand that correctly? 3 MS. KEARSE: Object to form. I 4 think you just mischaracterized his testimony. 5 MR. BOEHM: Don't speak, please. 6 You can make your objection to form, but I 7 don't need a speaking objection. No -- 8 MS. KEARSE: Well, Counsel, I would 9 advised you to keep that -- 10 Q. Go ahead. 11 A. If I had to -- if I had to guess, 12 that would be -- 13 MS. KEARSE: And I'm going to 14 advise the witness not to guess as well. 15 MR. BOEHM: Don't interrupt the 16 witness in the middle of the answer. You know 17 that's not appropriate. I don't want that to 18 happen again today. Do not do that. That's 19 never appropriate. There's never an occasion 20 where it's okay for you to interject in the 21 middle of a witness's answer. Do not do that. 22 MS. KEARSE: I can advise my client 23 not to guess at a question. 24 MS. FLOWERS: Stop the lectures. 25 Q. Go ahead, Mr. Craig, please.</p>

<p style="text-align: right;">Page 118</p> <p>1 You're under oath today. You</p> <p>2 understand that, right?</p> <p>3 A. Sure.</p> <p>4 Q. And -- and you're under an oath to</p> <p>5 tell the truth, the whole truth, and nothing</p> <p>6 but the truth. Do you understand that?</p> <p>7 A. Yes.</p> <p>8 Q. That's what I'm asking for.</p> <p>9 A. And -- and I don't have a</p> <p>10 recollection of when. Specifically, there's</p> <p>11 nothing that I can pair my -- the first time</p> <p>12 I've heard about opiates with any other event</p> <p>13 that would allow me to establish a time when I</p> <p>14 first learned about it.</p> <p>15 Q. Is your testimony here today that</p> <p>16 certainly by the end of the first decade of</p> <p>17 the -- of -- of the first decade of the 2000s,</p> <p>18 you understood there was an increasing number</p> <p>19 of individuals in Summit County with addiction</p> <p>20 problems with prescription opioids?</p> <p>21 A. Yes, roughly.</p> <p>22 Q. I've just put in front of you a</p> <p>23 document marked as Exhibit 4, and this is an</p> <p>24 organizational chart of the Summit County</p> <p>25 ADAMHS Board.</p>	<p style="text-align: right;">Page 120</p> <p>1 Q. When did Mr. Ellis leave?</p> <p>2 A. Probably around 2016.</p> <p>3 Q. Is that when Ms. Wade came in to</p> <p>4 take Mr. Ellis's place?</p> <p>5 A. Yes.</p> <p>6 Q. What do you rely on Doug Smith to</p> <p>7 do in the role of chief clinical officer?</p> <p>8 A. Dr. Smith is a psychiatrist and has</p> <p>9 a lot of knowledge around mental health issues,</p> <p>10 particularly as it relates to forensic; those</p> <p>11 involved in the criminal justice system, which</p> <p>12 is some of his past work experience.</p> <p>13 He has developed the -- he has --</p> <p>14 he has -- also has a pretty -- a good</p> <p>15 understanding of the state hospital system,</p> <p>16 having arrived from the state hospital system,</p> <p>17 and we utilize the state hospitals. And he</p> <p>18 provides a lot of clinical input in evaluating</p> <p>19 treatment and -- and also helping us to</p> <p>20 identify gaps in services and addressing --</p> <p>21 addressing the needs of our client populations.</p> <p>22 Q. What are your basic</p> <p>23 responsibilities as the head of the ADAMHS</p> <p>24 County -- I'm sorry, the Summit County ADAMHS</p> <p>25 Board?</p>
<p style="text-align: right;">Page 119</p> <p>1 Do you see that?</p> <p>2 A. Yes, I do.</p> <p>3 Q. And you're at the top, right?</p> <p>4 A. Yes.</p> <p>5 Q. And that's because you're the head</p> <p>6 of the ADAMHS Board?</p> <p>7 A. Yes.</p> <p>8 Q. Is this organizational chart up to</p> <p>9 date? If you just look -- let's just start</p> <p>10 with that top row, beneath you. Are there any</p> <p>11 individuals who have left and been replaced?</p> <p>12 A. Yes.</p> <p>13 Q. Can you identify those for us,</p> <p>14 please?</p> <p>15 A. You're talking about what's here</p> <p>16 versus what is here today?</p> <p>17 Q. Correct, yes.</p> <p>18 A. Okay. John Ellis is no longer at</p> <p>19 the organization. Mary Alice Sonnhalter is no</p> <p>20 longer at the organization. Tom Leffler is no</p> <p>21 longer at the organization, nor is Jackie</p> <p>22 Steward.</p> <p>23 Q. Who has taken the position of</p> <p>24 manager of clinical services?</p> <p>25 A. Aimee Wade.</p>	<p style="text-align: right;">Page 121</p> <p>1 A. My responsibility is it's -- as</p> <p>2 it's laid out in statute, is to assess</p> <p>3 community needs for mental health and addiction</p> <p>4 treatment; to -- to address those needs through</p> <p>5 contracts with providers, since we're not able</p> <p>6 to provide direct services; and to evaluate the</p> <p>7 impact of those services.</p> <p>8 Q. Is it fair to say that you consider</p> <p>9 yourself to have a duty to the people of Summit</p> <p>10 County?</p> <p>11 MS. KEARSE: Object to form.</p> <p>12 A. That would be -- that would be</p> <p>13 accurate.</p> <p>14 Q. What do you understand your duty to</p> <p>15 the people of Summit County to be?</p> <p>16 A. To the extent that our funding</p> <p>17 would allow us, to -- to identify and address</p> <p>18 the mental health and addiction issues</p> <p>19 encountered by people in our community.</p> <p>20 Q. Is it fair to say that you take</p> <p>21 your duty and responsibilities as the head of</p> <p>22 the Summit County ADAMHS Board seriously?</p> <p>23 A. Yes, I do.</p> <p>24 Q. One of your responsibilities and</p> <p>25 duties has been to understand the nature and</p>

<p style="text-align: right;">Page 122</p> <p>1 the scope of the opioid abuse epidemic as it</p> <p>2 concerns Summit County; is that fair?</p> <p>3 MS. KEARSE: Object to form.</p> <p>4 A. One of my duties is to understand</p> <p>5 the scope and impact of our -- of our opiate</p> <p>6 epidemic, yes.</p> <p>7 Q. Have you undertaken to understand</p> <p>8 the nature and scope of the opioid abuse</p> <p>9 epidemic within Summit County?</p> <p>10 MS. KEARSE: Object to form.</p> <p>11 A. I'm sorry. You -- you keep saying</p> <p>12 "opiate abuse epidemic," and it's not an opiate</p> <p>13 abuse epidemic. It's an opiate epidemic. So</p> <p>14 you lose me when you use that, and I'm not able</p> <p>15 to focus on the rest of what you're asking me.</p> <p>16 So if you could ask me the question again, I'd</p> <p>17 appreciate it.</p> <p>18 Q. You do -- well, let's just back up</p> <p>19 for a second --</p> <p>20 A. Okay.</p> <p>21 Q. -- because I don't want semantics</p> <p>22 to get in the way.</p> <p>23 A. Sure.</p> <p>24 Q. You understand that --</p> <p>25 MS. KEARSE: Object to form and</p>	<p style="text-align: right;">Page 124</p> <p>1 when you use the term "epidemic"?</p> <p>2 A. I'm --</p> <p>3 MS. KEARSE: Object to form.</p> <p>4 Go ahead.</p> <p>5 A. I'm saying that if you want to</p> <p>6 characterize an epidemic as the majority of the</p> <p>7 people that -- that present to us for treatment</p> <p>8 services, these are people who are addicted.</p> <p>9 They're no -- no longer abusing medications.</p> <p>10 They're dependent on those medications.</p> <p>11 Q. Well, in many instances people</p> <p>12 actually are abusing heroin, right?</p> <p>13 MS. KEARSE: Objection.</p> <p>14 A. I don't know how -- I don't know</p> <p>15 how you define "abuse."</p> <p>16 Q. Okay. Well, heroin is not a</p> <p>17 medication, right?</p> <p>18 A. I don't know. I -- I --</p> <p>19 Q. You're not sure?</p> <p>20 A. It could -- it could be -- I don't</p> <p>21 know that it couldn't be used as a medication.</p> <p>22 Q. Okay. So you don't know whether or</p> <p>23 not licensed physicians can prescribe heroin to</p> <p>24 patients to treat a legitimate medical need?</p> <p>25 You're not sure one way or another?</p>
<p style="text-align: right;">Page 123</p> <p>1 characterization of that.</p> <p>2 Q. You -- you understand that there</p> <p>3 are people who are abusing opioids in Summit</p> <p>4 County, right?</p> <p>5 A. There are people who are addicted</p> <p>6 to opiates in Summit County.</p> <p>7 Q. Do you disagree with the term</p> <p>8 "abuse"?</p> <p>9 A. I disagree with the broad</p> <p>10 characterization.</p> <p>11 Q. Do you disagree -- you wanted to</p> <p>12 change my language, so I just want to</p> <p>13 understand what part you disagree with.</p> <p>14 Do you agree that there are</p> <p>15 individuals in Summit County who are abusing</p> <p>16 opioids?</p> <p>17 MS. KEARSE: Objection.</p> <p>18 A. I believe that there are people who</p> <p>19 are abusing opiate medications; however, I do</p> <p>20 not believe that the abuse is an epidemic. I</p> <p>21 think that the addiction and the dependence</p> <p>22 is -- is an epidemic.</p> <p>23 Q. So when you use the term</p> <p>24 "epidemic," what exactly are you talking about?</p> <p>25 What -- what specific measure are you using</p>	<p style="text-align: right;">Page 125</p> <p>1 A. So by "medication," you're --</p> <p>2 you're saying a medication that's approved by</p> <p>3 the FDA?</p> <p>4 Q. Do you consider heroin a</p> <p>5 medication?</p> <p>6 A. There's -- there are lots of -- of</p> <p>7 substances that people use for medication that</p> <p>8 don't go through FDA or aren't prescribed by</p> <p>9 medical -- by medical doctors.</p> <p>10 Q. Do you consider cocaine to be a</p> <p>11 medication?</p> <p>12 A. Do I consider -- consider cocaine</p> <p>13 to be medication? No, I -- I don't consider</p> <p>14 them to be medication.</p> <p>15 Q. Do you consider crack to be a</p> <p>16 medication?</p> <p>17 A. I don't consider crack to be a</p> <p>18 medication.</p> <p>19 Q. Do you consider heroin to be a</p> <p>20 medication?</p> <p>21 A. I don't consider heroin to be a</p> <p>22 medication.</p> <p>23 Q. You can't go to a doctor and say,</p> <p>24 "I have an injury," and the doctor is going to</p> <p>25 prescribe heroin, right?</p>

<p style="text-align: right;">Page 126</p> <p>1 A. No doctor that I would want to go 2 to. 3 Q. Okay. And you can't go to a 4 pharmacy and have them fill a prescription for 5 heroin, right? 6 A. Not that I'm aware of, no. 7 MS. KEARSE: Counsel, I think -- 8 Q. And do you know -- 9 MS. KEARSE: -- we've been going 10 for an hour. Can we go ahead and -- I think we 11 said we'd break at every hour. I -- I didn't 12 know you were going to go right into another 13 question. 14 MR. BOEHM: I don't know if we said 15 that, but -- 16 MS. KEARSE: I was -- I was trying 17 to find a good time because we've been going 18 for an hour. 19 MR. BOEHM: We can take a break. 20 Okay. 21 THE VIDEOGRAPHER: Off the record, 22 11:16. 23 (A recess was taken.) 24 THE VIDEOGRAPHER: We're on the 25 record, 11:31.</p>	<p style="text-align: right;">Page 128</p> <p>1 invol- -- involved with. 2 Q. Have your efforts to understand the 3 nature and scope of the opioid epidemic in 4 Summit County included an effort to understand 5 and investigate what factors have contributed 6 to the opioid epidemic within Summit County? 7 A. Yes. 8 Q. Have you read reports from state 9 and federal governments about that? 10 A. Yes, I have. 11 Q. Has the ADAMHS Board issued its own 12 reports on that subject? 13 A. The ADM Board has published some 14 reports, yes. 15 Q. And you indicated that you 16 sometimes go around and speak to groups about 17 the nature and scope of the opioid epidemic in 18 Summit County, right? 19 A. Yes. 20 Q. Do your presentations and 21 discussions include a discussion about what you 22 believe to be the contributing factors to the 23 epidemic? 24 A. Yes. That's -- really sets the 25 table for the whole conversation in educating</p>
<p style="text-align: right;">Page 127</p> <p>1 BY MR. BOEHM: 2 Q. I think where we left off, 3 Mr. Craig, is you -- we were talking about one 4 of your duties and responsibilities being to 5 understand the nature and scope of the opioid 6 epidemic, as you call it, in Summit County, 7 right? 8 A. That's correct. 9 Q. And you have undertaken to 10 understand the nature and scope of the opioid 11 epidemic in Summit County? 12 A. Yes, I have. 13 Q. How have you gone about that? 14 A. In a variety of ways. I've -- I've 15 tried to read as much information as -- as I am 16 able to as I -- as I run across it. I've 17 received some education and information through 18 our board association. I've talked with 19 families and individuals who are affected. Our 20 Opiate Task Force has a number of individuals 21 who've touched this issue from a variety of 22 perspectives, whether it be criminal justice, 23 health care, and -- and others. 24 So there's just been a very broad 25 specter of -- spectrum of people that I've been</p>	<p style="text-align: right;">Page 129</p> <p>1 the community. 2 Q. Before we move on from this 3 document that's been marked as Exhibit 4, the 4 organizational chart, you indicated that 5 Mr. Tom Leffler is no longer at the ADAMHS 6 Board, right? 7 A. That's correct. 8 Q. Has that position now been filled 9 by Ms. Peivich? 10 A. Yes, although I did some 11 reorganization after -- after Tom Leffler left, 12 and so I only have four individuals who are 13 direct reports now. 14 Q. Okay. But is Ms. Peivich now in 15 the position that Mr. Leffler vacated? 16 A. In -- in part, yes. One of her 17 duties is to be the manager of finance. 18 Q. Okay. And she has other duties on 19 top of that? 20 A. That's correct. 21 Q. Okay. What other duties does she 22 have on top of that? 23 A. She's -- she's the operations 24 manager, so she oversees our IT department. 25 She oversees our administration, our HR, and</p>

<p style="text-align: right;">Page 130</p> <p>1 all the -- all the operational and payment side 2 of our business. 3 Q. Got it. And you indicated that 4 you've had conversations with Ms. Peivich about 5 the computations. We discussed those earlier, 6 right? 7 Have you had conversations with 8 individuals other than Ms. Peivich at the 9 ADAMHS Board about the calculations and 10 computations of expenditures that we discussed 11 at the beginning of today's deposition? 12 MS. KEARSE: Object to form. 13 A. Generally, yes. 14 Q. Who else have you communicated at 15 the ADAMHS Board about those computations? 16 A. Aimee Wade, Christine Gashash, Doug 17 Smith, and Jen Peivich. 18 Q. Have any of those individuals -- 19 other than Ms. Peivich, about whom we've 20 already talked -- assisted in the computation 21 of those expenditures as we discussed earlier 22 today? 23 MS. KEARSE: Object to form. 24 A. No, they haven't assisted in the 25 computation of those forms because the -- the</p>	<p style="text-align: right;">Page 132</p> <p>1 our community, so that would be when I joined 2 the ADM Board. 3 Q. In 2007? 4 A. Yes. 5 Q. Are you aware that the ADAMHS Board 6 prepares an annual budget? 7 A. I am aware, yes. 8 Q. Do you have responsibility for that 9 budget as the executive director for Summit 10 County's ADAMHS Board? 11 A. Yes, I do. 12 Q. And the budget includes revenue 13 that you all have for purposes of the services 14 you provide, right? 15 A. Yes. 16 Q. And it has a summary of the 17 expenditures that you make? 18 A. That is correct. That we propose, 19 not necessarily that we make. 20 Q. Right. And then, of course, you -- 21 you track the actual expenditures? 22 A. We do track the actual 23 expenditures. 24 Q. How do you go about tracking the 25 actual expenditures?</p>
<p style="text-align: right;">Page 131</p> <p>1 purpose of our conversation was to make sure 2 that we included all activities that we needed 3 to include. 4 Q. When did you first begin trying to 5 investigate and understand the causes of the 6 opioid epidemic in Summit County? 7 MS. KEARSE: Object to form. 8 A. So it's my responsibility to 9 understand all the issues that affect Summit 10 County residents. And I can't say that I began 11 at any point in time. I think I was presented 12 with information or opportunities to learn 13 about various aspects of the issues and 14 problems that occurred in our community, and so 15 over time I became more and more aware. 16 Q. Understand. But I understand that 17 your -- your knowledge and investigation, 18 naturally, would -- would develop over a course 19 of time. 20 My question is, if you can, when 21 did that process begin for you and for the 22 ADAMHS Board for Summit County? 23 MS. KEARSE: Object to form. 24 A. It began as soon as I had the 25 responsibility for understanding the needs of</p>	<p style="text-align: right;">Page 133</p> <p>1 A. We -- we run reports that -- of -- 2 of all the financial information that -- that 3 runs through our agency. 4 Q. What -- do you use some sort of 5 software? 6 A. Yes. 7 Q. What's the software? 8 A. I don't know what. I don't know 9 what it's called. 10 Q. Do you have access to it? 11 A. I don't. My -- my -- Jen Peivich 12 runs that for me. 13 Q. Has anybody ever asked you to 14 collect data from that software in terms of 15 your expenditures? 16 A. Has anybody asked? Our board of 17 directors does, yes. 18 Q. Okay. Did you use information from 19 that database for purposes of performing the 20 computations and calculations that you 21 described earlier today? 22 MS. KEARSE: Object to form. 23 A. Yes, we do use information from 24 that database. 25 MR. BOEHM: I'm going to mark this</p>

<p style="text-align: right;">Page 134</p> <p>1 next document here as Exhibit 5 for purposes of 2 your deposition. 3 - - - - - 4 (Thereupon, Deposition Exhibit 5, 5 Ohio Department of Health, Violence 6 and Injury Prevention Program 7 Document, First Heading "Epidemic of 8 Prescription Drug Overdose in Ohio", 9 was marked for purposes of 10 identification.) 11 - - - - - 12 MR. BOEHM: And I'm handing a copy 13 to you and a copy to your counsel. 14 Q. This is a report from the Ohio 15 Department of Health. It's available on their 16 website. And it's entitled "Epidemic of 17 Prescription Drug Overdose in Ohio." 18 Do you see that? 19 A. I do see it. 20 Q. This refers back, in the first 21 bullet point, to 2007. Do you see that, in 22 2007? 23 A. Yes. 24 Q. "Unintentional drug poisoning 25 became the leading cause of injury/death in</p>	<p style="text-align: right;">Page 136</p> <p>1 drug overdoses became the leading cause of 2 injury/death in Summit County? 3 A. I do not know. 4 Q. Did you ever ask that question of 5 anybody? 6 A. No, because our organization was 7 primarily responsible for providing treatment, 8 not necessarily to look at the causes or the 9 patterns of this. 10 Q. As head of the ADAMHS Board for 11 Summit County, do you get reports about drug 12 overdose deaths in Summit County? 13 A. Yes, I do. 14 Q. Who do you get those reports from? 15 A. We get the reports from the medical 16 examiner's office. 17 Q. How often does the medical 18 examiner's office provide the ADAMHS Board for 19 Summit County reports on drug overdose deaths? 20 A. We worked out an arrangement with 21 the medical examiner's office that she sent 22 this information over whenever a death occurred 23 that had -- that had -- where an overdose was 24 involved. 25 Q. Since you've been employed at the</p>
<p style="text-align: right;">Page 135</p> <p>1 Ohio." 2 Do you see that? 3 A. I do see that. 4 MS. KEARSE: And, Counsel, he's 5 reviewing the document. 6 MR. BOEHM: That's fine. 7 Q. And you can review the document as 8 much as you need to answer my questions. I'm 9 going to try and keep it relatively targeted. 10 You see at the end of that first 11 bullet point, it says, "This trend continued in 12 2009"? 13 A. No. 14 Q. It's in the -- the first bullet. 15 A. Okay. Yes. 16 Q. See -- 17 A. I do see that. 18 Q. Is that consistent with your 19 understanding of what was taking place in 20 Summit County? 21 A. I don't know that I necessarily, at 22 that point in time, was focused enough to be 23 able to say whether this was true for Summit 24 County or not. 25 Q. Do you know when in Summit County</p>	<p style="text-align: right;">Page 137</p> <p>1 ADAMHS Board for Summit County, has the ADAMHS 2 Board always had access to data about overdose 3 deaths from the medical examiner's office? 4 A. No. 5 Q. Why not? 6 A. Because that was not information 7 that we sought at that time. 8 We began -- we identified the 9 deaths from overdoses as a metric that we would 10 be able to utilize as part of our Opiate Task 11 Force as a measure of the extent of the 12 problem, and also as to whether or not we 13 were establishing some baseline information so 14 we could see what sort of progress was being 15 made as a result of our efforts. 16 Q. When did that happen? 17 A. So I would guess it would have to 18 have been around March of 2014. 19 Q. So your testimony here today is 20 that prior to March 2014, the Summit County 21 ADAMHS Board did not have access to drug 22 overdose death information from the Summit 23 County Medical Examiner's Office? 24 MS. KEARSE: Object to form. 25 A. That's -- that's not what I said.</p>

<p style="text-align: right;">Page 138</p> <p>1 I said that --</p> <p>2 Q. Well, my question to you is whether</p> <p>3 or not the ADAMHS Board had access to --</p> <p>4 A. Okay.</p> <p>5 Q. -- drug overdose death data from</p> <p>6 the medical examiner's office since the time</p> <p>7 you joined the ADAMHS Board in 2007.</p> <p>8 A. I was -- my understanding is that</p> <p>9 we had access to that information; however, at</p> <p>10 the time I was not aware that this information</p> <p>11 was available publicly and that the medical</p> <p>12 examiner's office would share it. It only</p> <p>13 became known to us as a result of our Opiate</p> <p>14 Task Force that these -- this data was</p> <p>15 available.</p> <p>16 Q. So your testimony here today is</p> <p>17 that the ADAMHS Board for Summit County didn't</p> <p>18 know that it had access to drug overdose data</p> <p>19 from the medical examiner's office until 2014?</p> <p>20 MS. KEARSE: Object to form.</p> <p>21 A. That would be -- that would be</p> <p>22 generally accurate, yes.</p> <p>23 Q. Okay. And it's -- and -- and no</p> <p>24 one from the ADAMHS Board, as far as you know,</p> <p>25 ever asked the medical examiner's office for</p>	<p style="text-align: right;">Page 140</p> <p>1 or so, the number of drug overdose deaths</p> <p>2 catches up with and then passes the number of</p> <p>3 deaths for motor vehicle accidents.</p> <p>4 Do you see that?</p> <p>5 A. Yes, I do see that.</p> <p>6 Q. Did -- were you aware of those</p> <p>7 trends?</p> <p>8 A. I was not aware of those trends</p> <p>9 until at some point that I saw this -- this</p> <p>10 data presented by somebody at the State.</p> <p>11 Q. When was that?</p> <p>12 A. I don't recall when.</p> <p>13 Q. In the third bullet point on the</p> <p>14 first page, it says that from 1999 to 2009 this</p> <p>15 increase in drug overdose deaths was, quote,</p> <p>16 "driven largely by prescription drug</p> <p>17 overdoses."</p> <p>18 Do you see that?</p> <p>19 A. Yes.</p> <p>20 Q. Do you agree with that with respect</p> <p>21 to Summit County?</p> <p>22 A. I don't know.</p> <p>23 Q. You don't know --</p> <p>24 A. I don't know. I can't -- I can't</p> <p>25 state that with any degree of certainty.</p>
<p style="text-align: right;">Page 139</p> <p>1 information about drug overdose deaths prior to</p> <p>2 2014. Is that your testimony?</p> <p>3 MS. KEARSE: Object to form.</p> <p>4 A. I don't know if anybody had ever</p> <p>5 asked that information from our -- our medical</p> <p>6 examiner's office, because I never asked to --</p> <p>7 to see it.</p> <p>8 Q. Okay. Look at Figure 1, if you</p> <p>9 would, on the first page of this exhibit.</p> <p>10 Do you see that graph?</p> <p>11 A. I do see that graph.</p> <p>12 Q. It compares numbers of deaths in</p> <p>13 motor -- from motor vehicle traffic accidents</p> <p>14 to drug overdose deaths. Do you see that?</p> <p>15 A. Yes, I do.</p> <p>16 Q. And do you see that there's an</p> <p>17 increase, really starting, on this graph, from</p> <p>18 1999 all the way up, in terms of drug overdose</p> <p>19 deaths; do you see that?</p> <p>20 A. I do see that.</p> <p>21 Q. And then it looks like the motor</p> <p>22 vehicle traffic deaths are actually going down</p> <p>23 a little bit; do you see that?</p> <p>24 A. Yes, I do see that.</p> <p>25 Q. And it looks like right around 2006</p>	<p style="text-align: right;">Page 141</p> <p>1 Q. Okay. So sitting here today, you</p> <p>2 don't know whether from 1999 to 2009 the rate</p> <p>3 of unintentional drug poisonings -- in other</p> <p>4 words, drug overdoses -- and the increase in</p> <p>5 that rate was driven largely by prescription</p> <p>6 drug overdoses?</p> <p>7 A. No, I don't know that.</p> <p>8 Q. Have you ever looked into that?</p> <p>9 A. There was a point in time where</p> <p>10 we -- John Ellis, who is our manager of</p> <p>11 clinical services, had pulled some information</p> <p>12 from one of our providers that looked at the</p> <p>13 individuals -- individuals receiving services</p> <p>14 from our detox program, and how many of the</p> <p>15 folks that were there reported their addiction</p> <p>16 to substance -- substances other than -- how</p> <p>17 many of them had reported their addiction to</p> <p>18 pain medication versus other illicit</p> <p>19 substances.</p> <p>20 Q. Let me see if I can simplify this.</p> <p>21 A. Okay.</p> <p>22 Q. Do you agree that the increase in</p> <p>23 drug overdose deaths in Ohio from 1999 to 2009,</p> <p>24 thought to be driven largely by prescription</p> <p>25 drug overdoses, was already being publicly</p>

<p style="text-align: right;">Page 142</p> <p>1 discussed by the time you joined the ADAMHS 2 Board in 2007?</p> <p>3 MS. KEARSE: Object to form.</p> <p>4 A. Would I agree that it's already 5 been discussed?</p> <p>6 Q. That it was already being publicly 7 discussed by that time.</p> <p>8 MS. KEARSE: Object to form.</p> <p>9 A. To be honest with you, I -- I don't 10 know when it was -- how -- how long it had been 11 publicly discussed.</p> <p>12 Q. I'm not asking whether or not you 13 know the specific day. My question is a little 14 bit different. Let me ask it again.</p> <p>15 A. Okay.</p> <p>16 Q. Okay. Do you agree that the 17 increase in drug overdose deaths that, as 18 described here by the Ohio Department of 19 Health, was thought to be driven largely by 20 prescription drug overdoses, was already a 21 publicly known and discussed phenomenon by the 22 time you joined the ADAMHS Board in 2007?</p> <p>23 MS. KEARSE: Object to form.</p> <p>24 A. And again, I don't know.</p> <p>25 Q. You don't know whether it was</p>	<p style="text-align: right;">Page 144</p> <p>1 of -- of using them.</p> <p>2 Q. Do you agree that by September 2010 3 in Summit County, the increase in individuals 4 addicted to opioids had been identified by the 5 County?</p> <p>6 MS. KEARSE: Object to form.</p> <p>7 A. Do I agree with that? I -- I don't 8 agree -- I -- I don't know that -- I don't know 9 when that was identified in Summit County.</p> <p>10 Q. Your testimony is -- here today, 11 under oath --</p> <p>12 A. Uh-huh.</p> <p>13 Q. -- that as the head of the Summit 14 County ADAMHS Board --</p> <p>15 A. Right.</p> <p>16 Q. -- you don't know whether, by 2010, 17 Summit County had identified an increase in 18 opiate addiction and its implications within 19 the County?</p> <p>20 MS. KEARSE: Object to form.</p> <p>21 Q. Do I understand that correctly?</p> <p>22 A. I don't know that by 2010, I -- I 23 don't know with any degree of certainty that by 24 October 2010 that we had identified this as to 25 what you said.</p>
<p style="text-align: right;">Page 143</p> <p>1 publicly known and discussed or not?</p> <p>2 A. I don't. I don't know.</p> <p>3 Q. Do you -- has there been an 4 increase in drug overdose deaths in Summit 5 County during the time that you've been the 6 head of the ADAMHS -- I'm sorry -- during the 7 time that you've been employed by the Summit 8 County ADAMHS Board?</p> <p>9 A. Yes, there have been.</p> <p>10 Q. What, in your view, has driven the 11 increase in drug overdose deaths during the 12 time that you've been at the ADAMHS Board?</p> <p>13 A. What has been the --</p> <p>14 Q. What has driven that increase?</p> <p>15 A. There's a lot of factors.</p> <p>16 There's -- there's, you know, the diversion of 17 prescription pain medications, the prescribing 18 practices of physicians, the -- the fact that 19 when a lot of the pill mills were shut down 20 that it left a void in the community that the 21 dealers of the illicit substances were more 22 than willing to fill, and the fact that there 23 was the introduction of substances that were so 24 potent that many people didn't know what they 25 were getting and ended up dying as a result</p>	<p style="text-align: right;">Page 145</p> <p>1 Q. Okay. Let's see if we can refresh 2 your recollection just a little bit.</p> <p>3 A. Okay.</p> <p>4 - - - - -</p> <p>5 (Thereupon, Deposition Exhibit 6, 6 Document Titled "Community Play 7 Guidelines for SFY 2012 - 2013," 8 SUMMIT_001170991 to 001171802, was 9 marked for purposes of 10 identification.)</p> <p>11 - - - - -</p> <p>12 Q. This is a document from the Ohio 13 Department of Mental Health during the time 14 when Ted Strickland was the governor of Ohio. 15 Do you remember Governor 16 Strickland?</p> <p>17 A. I do remember Governor Strickland.</p> <p>18 Q. He's not the governor anymore, 19 right?</p> <p>20 A. No, I don't believe he is.</p> <p>21 Q. Hasn't been the governor for a 22 while, right?</p> <p>23 A. That's correct.</p> <p>24 Q. This is a document from September 25 29, 2010. Do you see that?</p>

<p style="text-align: right;">Page 146</p> <p>1 A. Yes, I do.</p> <p>2 Q. Okay. If you turn to page 50,</p> <p>3 there's a specific reference to Summit County.</p> <p>4 Do you see the -- the page numbers?</p> <p>5 A. Yes, I do.</p> <p>6 Q. Very bottom of page 50, this --</p> <p>7 A. Let me get to page 50 first.</p> <p>8 Q. Sure. Sure. This document --</p> <p>9 A. Okay.</p> <p>10 Q. -- from the Ohio Department of</p> <p>11 Mental Health has a reference to the rise in</p> <p>12 the opiate population, specifically in Summit</p> <p>13 County. It's at the very bottom of the page.</p> <p>14 A. Uh-huh.</p> <p>15 Q. Do you see that?</p> <p>16 A. I do see that.</p> <p>17 Q. Certainly the Ohio Department of</p> <p>18 Mental Health knew that in Summit County there</p> <p>19 was a rise in the opiate population --</p> <p>20 A. Uh-huh.</p> <p>21 Q. -- by September 2010, fair?</p> <p>22 A. Evidently.</p> <p>23 Q. But -- but you don't know whether</p> <p>24 or not Summit County's own ADAMHS Board was</p> <p>25 aware of this information that the Ohio</p>	<p style="text-align: right;">Page 148</p> <p>1 opioid epidemic within Summit County?</p> <p>2 A. Can you say that again, please?</p> <p>3 Q. What did Summit County do in or</p> <p>4 before 2010, which is the year of this document</p> <p>5 I've --</p> <p>6 A. Uh-huh.</p> <p>7 Q. -- just shown to you, to</p> <p>8 investigate the causes of the opioid epidemic</p> <p>9 in Summit County?</p> <p>10 MS. KEARSE: Object to form.</p> <p>11 A. What did we do to investigate the</p> <p>12 causes? We didn't -- we didn't spend a lot of</p> <p>13 energy on investigating the causes. We spent a</p> <p>14 lot of energy on addressing the needs that</p> <p>15 people presented at our -- at our -- at our</p> <p>16 organizations.</p> <p>17 Q. Do you agree that understanding the</p> <p>18 cause of an epidemic is actually quite</p> <p>19 important to being able to address it</p> <p>20 appropriately?</p> <p>21 A. It's --</p> <p>22 MS. KEARSE: Object to form.</p> <p>23 A. It's certainly part of it, yes.</p> <p>24 Q. It's important, right?</p> <p>25 A. It can be important, yes.</p>
<p style="text-align: right;">Page 147</p> <p>1 Department of Mental Health knew?</p> <p>2 MS. KEARSE: Objection. Asked and</p> <p>3 answered.</p> <p>4 A. That's correct.</p> <p>5 Q. Did you know that in 2010 the</p> <p>6 governor set up a task force to address the</p> <p>7 issue of opiate abuse and addiction in the</p> <p>8 state of Ohio?</p> <p>9 A. I guess what I am saying is that I</p> <p>10 don't know what year specifically we became</p> <p>11 aware --</p> <p>12 Q. Just --</p> <p>13 A. -- or what year that the</p> <p>14 governor's --</p> <p>15 Q. Just answer my question, if you</p> <p>16 don't mind.</p> <p>17 MS. KEARSE: Counsel, he is</p> <p>18 answering your question.</p> <p>19 A. -- or -- or what year that the</p> <p>20 governor's put out his report or any of those</p> <p>21 things. I don't know. I don't have a memory</p> <p>22 that would allow me to pinpoint the date at</p> <p>23 which we were aware of these things.</p> <p>24 Q. What did Summit County do in 2010</p> <p>25 or before 2010 to investigate the causes of the</p>	<p style="text-align: right;">Page 149</p> <p>1 Q. Do you agree with res- -- that with</p> <p>2 respect to the opioid epidemic, it is important</p> <p>3 to be able to understand the causes in order to</p> <p>4 address -- and try and address the problems</p> <p>5 that exist; is that fair?</p> <p>6 A. That became more and more clear</p> <p>7 over time, yes.</p> <p>8 Q. Okay. Did Summit County do</p> <p>9 anything in 2010, the date of this document</p> <p>10 marked as Exhibit 6, or before 2010 to</p> <p>11 investigate the causes of the opioid epidemic</p> <p>12 within Summit County?</p> <p>13 MS. KEARSE: Objection to form.</p> <p>14 Mischaracterizes the testimony.</p> <p>15 A. I -- I don't remember if there was</p> <p>16 anything specific that we did in 2010. Again,</p> <p>17 that was the -- the year that Bill Harper left</p> <p>18 and I was appointed as director. At that point</p> <p>19 in time in our community, we were struggling</p> <p>20 with methamphetamines and bath salts, I believe</p> <p>21 were -- were two of the most significant issues</p> <p>22 that -- that took up a lot of our attention.</p> <p>23 But we were getting information</p> <p>24 from our providers that would indicate that --</p> <p>25 that there was an increased demand for services</p>

<p style="text-align: right;">Page 150</p> <p>1 specific to people who are opiate involved.</p> <p>2 Q. By 2010, right?</p> <p>3 A. Yes.</p> <p>4 Q. And did you undertake to try and</p> <p>5 understand -- do you agree -- do you have a</p> <p>6 view as to whether or not, by 2010, Summit</p> <p>7 County was experiencing an opioid epidemic?</p> <p>8 A. Do I agree or do I understand --</p> <p>9 Q. Do you have a view as to whether or</p> <p>10 not, by 2010, Summit County was experiencing an</p> <p>11 opioid epidemic?</p> <p>12 A. Based on -- based on some</p> <p>13 information that was provided to us from one of</p> <p>14 our providers, we were investigating.</p> <p>15 Q. You hadn't made a determination by</p> <p>16 2010 as to whether or not you had an opioid</p> <p>17 epidemic on your hands?</p> <p>18 A. We were not so much concerned about</p> <p>19 whether there was an opiate epidemic as we were</p> <p>20 about whether or not there was a need for</p> <p>21 increased capacity for services.</p> <p>22 Q. Do you have a view, Mr. Craig, as</p> <p>23 the head of the Summit County ADAMHS Board</p> <p>24 since 2010, as to whether or not by that year,</p> <p>25 2010, Summit County was experiencing an opioid</p>	<p style="text-align: right;">Page 152</p> <p>1 on an interim basis, and I wanted to fill the</p> <p>2 position, once I was appointed full-time as the</p> <p>3 executive director with somebody with</p> <p>4 information -- with addiction -- with an</p> <p>5 addiction background. I had mostly a mental</p> <p>6 health background. I wanted somebody with an</p> <p>7 addiction background, because I was aware that</p> <p>8 we had some issues related to substance use</p> <p>9 disorders that -- that we needed to address in</p> <p>10 our system.</p> <p>11 - - - - -</p> <p>12 (Thereupon, Deposition Exhibit 7,</p> <p>13 7/22/2011 Document Titled "Craig's</p> <p>14 List," SUMMIT_001233373 to</p> <p>15 001233374, was marked for purposes</p> <p>16 of identification.)</p> <p>17 - - - - -</p> <p>18 Q. My question to you is, I think,</p> <p>19 pretty simple. If you don't want to answer it,</p> <p>20 you can just tell me, but it's simple.</p> <p>21 MS. KEARSE: Objection.</p> <p>22 Q. As the head of the ADAMHS Board for</p> <p>23 Summit County since the year 2010, do you have</p> <p>24 a view as to whether or not Summit County was</p> <p>25 experiencing an opioid epidemic by the year</p>
<p style="text-align: right;">Page 151</p> <p>1 epidemic?</p> <p>2 MS. KEARSE: Counsel, I'm going to</p> <p>3 object to this continued line of questioning.</p> <p>4 Asked and answered.</p> <p>5 MR. BOEHM: No, no, no, no.</p> <p>6 MS. KEARSE: It's speculation.</p> <p>7 MR. BOEHM: Please don't. Stop.</p> <p>8 MS. KEARSE: There's testimony in</p> <p>9 the document itself.</p> <p>10 Q. Go ahead. It's a simple question.</p> <p>11 A. I don't know that I was aware in</p> <p>12 2010. I don't know if I wasn't aware. I don't</p> <p>13 know if I was aware.</p> <p>14 Q. How about by 2011?</p> <p>15 A. And again, I'm -- I -- I cannot</p> <p>16 pinpoint a date by which I went, ding, I'm</p> <p>17 aware of it.</p> <p>18 Q. I'm not looking for a specific</p> <p>19 date. I'm asking you about years.</p> <p>20 A. That's -- I understand that.</p> <p>21 Q. What about by 2007?</p> <p>22 MS. KEARSE: Asked and answered.</p> <p>23 A. What I -- what I know is that I</p> <p>24 needed -- as part of -- as part of the -- so in</p> <p>25 2010 I was appointed as the executive director</p>	<p style="text-align: right;">Page 153</p> <p>1 200- -- let's say 7.</p> <p>2 MS. KEARSE: Objection to form.</p> <p>3 A. I knew that there was an</p> <p>4 increased -- or there were reports of an</p> <p>5 increased demand for services for people who</p> <p>6 were opiate involved.</p> <p>7 Q. By 2007, correct?</p> <p>8 A. By 2010 is what your question</p> <p>9 asked.</p> <p>10 Q. Well, let's start with 2007. Did</p> <p>11 you know that by 2007?</p> <p>12 A. I did not know in 2007.</p> <p>13 Q. Did you know it by 2008?</p> <p>14 A. As I said, I'm not aware of the</p> <p>15 date by which I first became aware of it.</p> <p>16 Q. Okay. But certainly you say by</p> <p>17 2010 you knew that there was an increase in</p> <p>18 individuals who were experiencing opiate abuse</p> <p>19 disorder and seeking services for that,</p> <p>20 correct?</p> <p>21 A. I can -- again, I don't know</p> <p>22 exactly when I first became aware of it, sir.</p> <p>23 Q. By 2010 --</p> <p>24 MS. KEARSE: Counsel, I'll just</p> <p>25 add --</p>

<p style="text-align: right;">Page 154</p> <p>1 Q. -- as the head of the --</p> <p>2 MS. KEARSE: -- I -- I --</p> <p>3 MR. BOEHM: I'm asking a very</p> <p>4 simple question.</p> <p>5 MS. KEARSE: And I'm also going to</p> <p>6 object to your eye rolling and your pounding</p> <p>7 your head and doing things that the camera --</p> <p>8 MR. BOEHM: Listen.</p> <p>9 MS. KEARSE: -- cannot see that</p> <p>10 you're doing --</p> <p>11 MR. BOEHM: Listen. I --</p> <p>12 MS. KEARSE: -- to the witness. I</p> <p>13 object to that.</p> <p>14 MR. BOEHM: I'm asking a simple</p> <p>15 question.</p> <p>16 MS. KEARSE: If you want to ask a</p> <p>17 question -- ask -- he's asked and answered it.</p> <p>18 And just ask your question. We don't need</p> <p>19 your --</p> <p>20 Q. I want you -- you said you had a</p> <p>21 duty --</p> <p>22 MS. KEARSE: -- thea- -- theatrics</p> <p>23 here.</p> <p>24 Q. -- to the people of the county,</p> <p>25 right? You said that?</p>	<p style="text-align: right;">Page 156</p> <p>1 Q. Do you believe at some point it</p> <p>2 became an epidemic?</p> <p>3 A. I may have -- without guessing, I</p> <p>4 could -- I can say that retrospectively I may</p> <p>5 have known earlier, but I can't say that with</p> <p>6 any degree of certainty. So if you want me to</p> <p>7 answer you as to when I first became aware, it</p> <p>8 would be impossible for me to tell you.</p> <p>9 Q. Okay. My question to you is</p> <p>10 whether or not you believe that at some point,</p> <p>11 in Summit County, opiate use disorder became an</p> <p>12 epidemic?</p> <p>13 A. Yes.</p> <p>14 Q. Okay. And what is it that made you</p> <p>15 come to that conclusion?</p> <p>16 A. There was a point in time when I</p> <p>17 became aware. There was a point in time</p> <p>18 when obviously there had to have been.</p> <p>19 Q. What happened that made you believe</p> <p>20 that to be the case?</p> <p>21 A. There was a whole series of -- of</p> <p>22 presentations and information that I had looked</p> <p>23 at over time that -- that likely led me to that</p> <p>24 conclusion.</p> <p>25 Q. You don't know when?</p>
<p style="text-align: right;">Page 155</p> <p>1 A. I'm sorry. Are you talking to me?</p> <p>2 Q. I'm talking to you.</p> <p>3 A. Okay.</p> <p>4 Q. You had a -- you said you have a</p> <p>5 duty to the people of the county, right?</p> <p>6 A. I do have a duty to the people of</p> <p>7 the county.</p> <p>8 Q. You're on the record right now</p> <p>9 under oath.</p> <p>10 MS. KEARSE: I don't think you need</p> <p>11 to keep reminding him of that, Counsel.</p> <p>12 Q. And -- and my question to you --</p> <p>13 MS. KEARSE: He knows his</p> <p>14 obligations under the oath that he took.</p> <p>15 Q. You're on the record.</p> <p>16 As the head of the ADAMHS Board</p> <p>17 since 2010, do you have a view as to whether or</p> <p>18 not Summit County was experiencing an opioid</p> <p>19 epidemic by the year 2010?</p> <p>20 MS. KEARSE: Object to form. Asked</p> <p>21 and answered.</p> <p>22 A. What I can tell you is that I may</p> <p>23 have been aware and I may not have been aware.</p> <p>24 I can't tell you when I first became aware that</p> <p>25 this was an epidemic.</p>	<p style="text-align: right;">Page 157</p> <p>1 A. I -- sorry. I -- I've already</p> <p>2 answered this I don't know how many different</p> <p>3 ways.</p> <p>4 Q. Well, the problem is you haven't</p> <p>5 answered it, but let me ask you a different</p> <p>6 question.</p> <p>7 MS. KEARSE: Counsel, he has</p> <p>8 answered your question.</p> <p>9 Q. How --</p> <p>10 MS. KEARSE: I suggest you move on.</p> <p>11 Q. You indicated that there was some</p> <p>12 computations of damages that were made: one</p> <p>13 set in 2017, then another set that got bigger</p> <p>14 with the lawyers' involvement in 2018.</p> <p>15 MS. KEARSE: Object to form.</p> <p>16 Q. Right?</p> <p>17 A. They didn't get bigger with the</p> <p>18 lawyers' involvement. They got bigger with the</p> <p>19 passage of time.</p> <p>20 Q. Okay. How far back did you go?</p> <p>21 How -- to -- how far back in time did you go</p> <p>22 when you decided you wanted to com- -- compute</p> <p>23 the expenditures the Summit County ADAMHS Board</p> <p>24 made in connection with the opiate epidemic in</p> <p>25 the county?</p>

<p style="text-align: right;">Page 158</p> <p>1 MS. KEARSE: Object to form.</p> <p>2 A. How many times did I look at this,</p> <p>3 or how far back did I go?</p> <p>4 Q. How far back in time did you go?</p> <p>5 A. Okay. I went back -- it was --</p> <p>6 we -- we were asked to provide information for</p> <p>7 a period of time. I believe it went back to</p> <p>8 2012, and I think that we later were asked to</p> <p>9 provide information for a longer time period.</p> <p>10 And, again, I don't know specifically how many</p> <p>11 years.</p> <p>12 Q. You don't know how far back it</p> <p>13 went?</p> <p>14 A. I don't remember.</p> <p>15 Q. Do you know roughly?</p> <p>16 A. I don't know. Five or six years.</p> <p>17 Q. With respect to the analysis you</p> <p>18 were -- you performed in 2018, how far back in</p> <p>19 time did that analysis go? In terms of your</p> <p>20 computation of expenditures in connection with</p> <p>21 ADAMHS Board costs in -- in relation to the</p> <p>22 opioid epidemic in the county?</p> <p>23 A. I don't know. Because we were</p> <p>24 asked for so much information with different</p> <p>25 time frames identified in -- in these requests</p>	<p style="text-align: right;">Page 160</p> <p>1 know that the opiate population is burgeoning,</p> <p>2 and we need to explore how we can expand</p> <p>3 services to all populations while making sure</p> <p>4 that these funds result in quality</p> <p>5 evidence-based programs," right?</p> <p>6 A. That's correct.</p> <p>7 Q. So certainly by July 2011, you say</p> <p>8 you were already aware that the opiate</p> <p>9 population is burgeoning.</p> <p>10 A. Evidently, yes.</p> <p>11 Q. And when you said that the opiate</p> <p>12 population is burgeoning, what did you mean?</p> <p>13 A. That we were seeing more and more</p> <p>14 requests for services; that we were getting</p> <p>15 more and more reports from our -- our crisis</p> <p>16 center that people who are opiate involved</p> <p>17 were -- were presenting for services.</p> <p>18 Q. Do you believe that as of July 2011</p> <p>19 you, here in Summit County, had an opiate</p> <p>20 epidemic happening?</p> <p>21 MS. KEARSE: Object to form.</p> <p>22 A. In -- in retrospect, we -- we</p> <p>23 were -- you know, I used the term "burgeoning,"</p> <p>24 so I would -- I would say that we were</p> <p>25 experiencing a wave of need.</p>
<p style="text-align: right;">Page 159</p> <p>1 for information that I really couldn't tell</p> <p>2 you.</p> <p>3 Q. I've put in front of you a document</p> <p>4 that's been marked as Exhibit 7 for purposes of</p> <p>5 the deposition. It's a July 22, 2011, document</p> <p>6 that starts with the words "Craig's List."</p> <p>7 Do you see that?</p> <p>8 A. I see that.</p> <p>9 Q. This is something that you put out</p> <p>10 on a regular basis, or at least have in the</p> <p>11 past?</p> <p>12 A. Yes, I have.</p> <p>13 Q. Do you still do this?</p> <p>14 A. No, I don't.</p> <p>15 Q. Okay. And I guess the "Craig's</p> <p>16 List," you're not selling used furniture or</p> <p>17 giving away parrots or anything like that,</p> <p>18 right?</p> <p>19 MS. KEARSE: Object to form.</p> <p>20 Q. Right? This is just a play off</p> <p>21 of -- of the website? Is that what this is?</p> <p>22 A. Yes. It's the name of my</p> <p>23 newsletter.</p> <p>24 Q. Right. And here in July 2011, in</p> <p>25 the second to last paragraph, you write, "We</p>	<p style="text-align: right;">Page 161</p> <p>1 Q. For how long prior to July 2011 had</p> <p>2 the opiate population in Summit County been</p> <p>3 burgeoning?</p> <p>4 A. At the time I don't know how -- at</p> <p>5 the time that I was looking at this, I don't</p> <p>6 know what information that I used, but it was</p> <p>7 likely the information that I had been</p> <p>8 receiving over time.</p> <p>9 Q. Over years, right?</p> <p>10 MS. KEARSE: Object to form.</p> <p>11 A. I don't know over what period of</p> <p>12 time. But I was involved at the state level,</p> <p>13 mostly, the first couple years of my term as</p> <p>14 executive director, so I was exposed to more</p> <p>15 data and information at that point in time.</p> <p>16 Q. Okay. But you -- you had been</p> <p>17 receiving information for years, prior to July</p> <p>18 2011, about the growing opiate population in</p> <p>19 Summit County?</p> <p>20 MS. KEARSE: Object --</p> <p>21 Q. Is that fair?</p> <p>22 MS. KEARSE: Object to form.</p> <p>23 A. I -- I don't know what I received</p> <p>24 and what I didn't receive and when, but I was</p> <p>25 receiving information.</p>

<p style="text-align: right;">Page 162</p> <p>1 Q. That's not my question.</p> <p>2 A. You asked me about whether --</p> <p>3 whether I had been receiving information before</p> <p>4 2011. I had been receiving information before</p> <p>5 2011, but I don't know how much. And -- and,</p> <p>6 you know, your characterization that -- that I</p> <p>7 had received lots and lots of information is --</p> <p>8 is not necessarily what I -- what I --</p> <p>9 Q. I didn't characterize that at all.</p> <p>10 A. -- would agree -- what I would</p> <p>11 agree with.</p> <p>12 Q. I said that you had been receiving</p> <p>13 information about the opiate population in</p> <p>14 Summit County burgeoning for years --</p> <p>15 MS. KEARSE: Object --</p> <p>16 Q. -- prior to 2011. Is that fair?</p> <p>17 MS. KEARSE: Object to form. Asked</p> <p>18 and answered.</p> <p>19 Q. It's a simple question.</p> <p>20 A. Well, I'm looking to see whether</p> <p>21 that's -- I don't know where you -- where</p> <p>22 you're -- how -- I don't know the -- how you're</p> <p>23 saying that that --</p> <p>24 I don't understand how you're</p> <p>25 saying that I have received lots and lots of</p>	<p style="text-align: right;">Page 164</p> <p>1 Q. -- that you had wanted someone with</p> <p>2 an addiction background, right?</p> <p>3 A. That's correct.</p> <p>4 Q. Why did you want somebody with an</p> <p>5 addiction background?</p> <p>6 A. Because we saw a need to, in a more</p> <p>7 intentional way, focus our addiction efforts.</p> <p>8 Q. Was that in connection with the</p> <p>9 burgeoning opiate population in Summit County?</p> <p>10 MS. KEARSE: Objection.</p> <p>11 A. It was in relation to the bath</p> <p>12 salts incidents, with the methamphetamine, with</p> <p>13 alcohol and -- and drug. All across the</p> <p>14 spectrum.</p> <p>15 Q. In 2- -- I'm sorry. I didn't mean</p> <p>16 to stop you if you weren't done. Go ahead.</p> <p>17 A. We just -- we just wanted to make</p> <p>18 sure that we -- that we were adequately</p> <p>19 equipped. And I felt as though having one</p> <p>20 person being the point person with that</p> <p>21 knowledge wasn't sufficient, and that my -- my</p> <p>22 duties as the executive director would not</p> <p>23 allow me to get into the weeds, if you will, on</p> <p>24 those issues.</p> <p>25 Q. Do you believe that as of 2010,</p>
<p style="text-align: right;">Page 163</p> <p>1 information prior to that. I don't know if</p> <p>2 we -- I don't know how much information I've</p> <p>3 received.</p> <p>4 Q. Do you agree, Mr. Craig, that you</p> <p>5 had been receiving, as head of the ADAMHS Board</p> <p>6 for Summit County --</p> <p>7 A. Uh-huh.</p> <p>8 Q. -- information about the burgeoning</p> <p>9 opiate population in Summit County for years</p> <p>10 prior to 2011?</p> <p>11 MS. KEARSE: Object to form. Asked</p> <p>12 and answered.</p> <p>13 I think you should move on,</p> <p>14 Counsel, instead of asking the same question.</p> <p>15 MR. BOEHM: Stop.</p> <p>16 A. I may have received information. I</p> <p>17 just don't -- I -- I just can't say to my</p> <p>18 recollection, from the year 2010, back, that I</p> <p>19 can -- you know, if I received information I --</p> <p>20 I likely saw it. I -- I tried to -- I tried to</p> <p>21 review whatever information I -- that was sent</p> <p>22 to me.</p> <p>23 Q. You said that as the interim head</p> <p>24 of the ADAMHS Board in 2010 --</p> <p>25 A. Uh-huh.</p>	<p style="text-align: right;">Page 165</p> <p>1 addiction to bath salts was a bigger problem</p> <p>2 than addiction to opioids in Summit County?</p> <p>3 A. I don't know if it was a bigger</p> <p>4 problem in Summit County. It certainly was</p> <p>5 more visual. It was -- it was impacting our</p> <p>6 community. It was impacting some communities</p> <p>7 fairly significantly.</p> <p>8 Q. Is it your view that in Summit</p> <p>9 County the impact of bath salts addiction was</p> <p>10 more significant in terms of its impact on the</p> <p>11 county than opioid addiction?</p> <p>12 MS. KEARSE: Objection.</p> <p>13 A. I just know that the -- we -- we</p> <p>14 became much more aware of what was going on</p> <p>15 with bath salts because we --</p> <p>16 Q. I need you to answer my question.</p> <p>17 A. Okay.</p> <p>18 Q. I know you want to talk.</p> <p>19 MR. BOEHM: Can you, kindly --</p> <p>20 MS. KEARSE: Counsel, I'm going --</p> <p>21 I'm going --</p> <p>22 MR. BOEHM: -- Court Reporter,</p> <p>23 would you mind reading back my question?</p> <p>24 MS. KEARSE: -- I'm going to ask</p> <p>25 you to stop interrupting the witness when he is</p>

<p style="text-align: right;">Page 166</p> <p>1 attempting to ask -- answer your questions with 2 that. 3 So I -- I -- we're going to break 4 for lunch in a minute if you're going to 5 keep -- 6 MR. BOEHM: Go ahead. If you -- 7 MS. KEARSE: -- harassing the 8 witness. 9 MR. BOEHM: -- don't mind just 10 reading back the question that I had asked. 11 (Record read.) 12 A. No, I don't. I -- I believe that 13 it was more impactful in some communities than 14 in others. 15 Q. But not in Summit County? 16 A. It -- bath salts really hit -- 17 impacted certain communities. 18 Q. That's not an answer to my 19 question, respectfully. 20 MS. KEARSE: Counsel, he's doing 21 the best to answer your questions. Maybe you 22 need to ask better questions. 23 MR. BOEHM: No, it's a pretty good 24 question. 25 MS. KEARSE: If you do say so</p>	<p style="text-align: right;">Page 168</p> <p>1 Q. At that time, right? Talking 2010, 2 2011? 3 MS. KEARSE: Objection. 4 A. Generally within the 2010 to 2013 5 time frame. 6 Q. And you indicated earlier today 7 that even in the late years of the first decade 8 of the 2000s, you were aware that there was a 9 burgeoning opioid problem, right? 10 MS. KEARSE: Objection. 11 A. I don't remember what I -- what I 12 said. Like I said, we were -- I was getting a 13 lot of information about the opiate epidemic. 14 Q. From the beginning of your time at 15 ADAMHS, right, you were getting a lot of 16 information about the burgeoning opiate 17 epidemic, fair? 18 MS. KEARSE: Object to form. 19 A. I was -- when I first started at 20 the board, I wasn't necessarily connected to a 21 lot of the information, but over time I became 22 more and more connected and received more and 23 more information. So gradually, yes, I was 24 receiving more information, and as a 25 consequence of that became more aware.</p>
<p style="text-align: right;">Page 167</p> <p>1 yourself. 2 A. The issues with bath salts only 3 impacted certain communities within our county. 4 Q. Overall, is it your view that the 5 impact of bath salt addiction was greater than 6 the impact on -- than the impact of opioid 7 addiction in Summit County? 8 MS. KEARSE: Objection. Asked and 9 answered. 10 Q. Because you keep raising bath salts 11 and methamphetamines. 12 A. Ret- -- retrospectively, no. 13 Q. At the time, did you think that 14 bath salt addiction was a bigger problem for 15 Summit County than opioid addiction? 16 MS. KEARSE: Objection to form. 17 A. Bath salts, at that time, were a 18 crisis. The opiates were an epidemic. 19 Q. As of 2010, fair? 20 MS. KEARSE: Objection. 21 A. Opiates -- opiates -- the problem 22 with bath salts was episodic, I guess may be a 23 better way of putting it; whereas we were 24 seeing the problem with opiates as sort of a -- 25 like you said, a burgeoning issue.</p>	<p style="text-align: right;">Page 169</p> <p>1 Q. Right. And I'm just trying to 2 understand if that increasing amount of 3 information was coming to you as of the later 4 years of the first decade of the 2000s, as you 5 indicated earlier today, or not. 6 A. Again, I -- I don't know. I -- we 7 keep dancing around this when I became aware. 8 I don't know when I became aware. 9 MS. KEARSE: Counsel, we're going 10 to break for lunch now. 11 MR. BOEHM: Okay. 12 THE VIDEOGRAPHER: Off the record, 13 12:13. 14 (Luncheon recess.) 15 - - - - - 16 (Thereupon, Deposition Exhibit 8, 17 Summit County ADM Board 2012 Budget, 18 SUMMIT_001147357 to 001147365, was 19 marked for purposes of 20 identification.) 21 - - - - - 22 (Thereupon, Deposition Exhibit 9, 23 Summit County ADM Board 2013 Budget, 24 SUMMIT_001220716 to 001220731, was 25 marked for purposes of</p>

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1 identification.)
2 - - - - -
3 (Thereupon, Deposition Exhibit 10,
4 Summit County ADM Board 2014 Budget,
5 SUMMIT_001018649 to 001018665, was
6 marked for purposes of
7 identification.)
8 - - - - -
9 (Thereupon, Deposition Exhibit 11,
10 Summit County ADM Board 2015 Budget,
11 SUMMIT_001113145 to 001113162, was
12 marked for purposes of
13 identification.)
14 - - - - -
15 (Thereupon, Deposition Exhibit 12,
16 Summit County ADM Board 2016 Budget,
17 SUMMIT_001024592 to 001024609, was
18 marked for purposes of
19 identification.)
20 - - - - -
21 (Thereupon, Deposition Exhibit 13,
22 Summit County ADM Board 2017 Budget,
23 was marked for purposes of
24 identification.)
25 - - - - -

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1 (Thereupon, Deposition Exhibit 14,
2 Summit County ADM Board 2018 Budget
3 - SUMMIT_001080804 to 001080819, was
4 marked for purposes of
5 identification.)
6 - - - - -
7 THE VIDEOGRAPHER: On the record,
8 1:20.
9 BY MR. BOEHM:
10 Q. Okay. We are back. I hope you
11 enjoyed your lunch. It sounds like it wasn't
12 that good?
13 A. It was fine. Thank you.
14 Q. Fine? Okay, good.
15 I have actually marked and placed
16 in front of you --
17 MR. BOEHM: And I have copies for
18 you, Anne, as well.
19 Q. -- a series of documents. They are
20 the ADM budgets from the years 2012 through
21 2018. And those have been marked, I'll say for
22 the record, as Exhibits 18 [sic] through 14.
23 Do you see that stack of documents?
24 A. I do see it.
25 MS. KEARSE: Exhibits 18 or 8? 8?

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1 MR. BOEHM: 8 --
2 MS. KEARSE: 8.
3 MR. BOEHM: -- through 14.
4 MS. KEARSE: So each individual.
5 Okay.
6 MR. BOEHM: Yeah. I've marked each
7 of --
8 MS. KEARSE: Okay.
9 MR. BOEHM: -- those yearly budgets
10 as a separate exhibit.
11 MS. KEARSE: Okay.
12 Q. Make sense? Okay.
13 A. Yes.
14 Q. Now, my -- I have just a couple of
15 preliminary questions for you.
16 A. Okay.
17 Q. First of all, are these budgets
18 that we've marked as Exhibit 8 through 14 for
19 years 2012 through 2018, budgets that you have
20 the opportunity to review and approve as head
21 of ADAMHS Board?
22 A. Yes, they are.
23 Q. What is the nature of your
24 involvement with respect to the preparation of
25 the annual ADAMHS budget for Summit County?

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1 A. Well, there's two components to the
2 budget. One is the actual assignment of the --
3 of the dollars towards the activities that the
4 ADM Board engages in.
5 The second part of that is the
6 narrative portion of our budget, which
7 describes the activities that the ADM Board and
8 its agencies are engaged in.
9 Q. Okay. If you take, for example,
10 Exhibit 8, which is the 2012 budget --
11 A. Uh-huh.
12 Q. -- I don't actually see much of a
13 narrative. Am I missing it, or is it not --
14 A. What --
15 Q. -- not --
16 A. Well, this is not --
17 Q. -- included in this?
18 A. This is not our budget, per se.
19 This is a presentation of budget information
20 that we give to our board of directors.
21 Q. Got it.
22 So would it be -- the document
23 itself says "2012 Budget," but maybe it would
24 be more accurate to say this is a slide deck of
25 a presentation about the 2012 budget?

<p style="text-align: right;">Page 174</p> <p>1 A. That's correct, yes.</p> <p>2 Q. Okay. What input does the county</p> <p>3 council or the county executive have in terms</p> <p>4 of the ADAMHS Board annual budget?</p> <p>5 A. Very little.</p> <p>6 Q. Do they have some, or is it none at</p> <p>7 all?</p> <p>8 A. They may be a -- a planning input.</p> <p>9 For example, if they were to draw something to</p> <p>10 our attention that was a need in the community,</p> <p>11 we would fold that into our planning.</p> <p>12 Q. Okay. With respect -- sorry. Let</p> <p>13 me start over.</p> <p>14 With respect to the opioid epidemic</p> <p>15 in Summit County, has there ever been an</p> <p>16 occasion where the county executive or somebody</p> <p>17 from the county council has come to you as head</p> <p>18 of the Summit County ADAMHS Board to discuss</p> <p>19 with you expenditures related to the opioid</p> <p>20 epidemic in the county?</p> <p>21 A. No one -- to my recollection,</p> <p>22 there's been nobody from the County who's come</p> <p>23 to me with -- with respect to input into our</p> <p>24 budgeting process.</p> <p>25 Q. Okay. If you take Exhibit 8, do</p>	<p style="text-align: right;">Page 176</p> <p>1 A. Yes.</p> <p>2 Q. Okay. It seems to be broken up</p> <p>3 into two parts. One is the mental health</p> <p>4 services part, and the other is the substance</p> <p>5 abuse part; is that right?</p> <p>6 A. Yes.</p> <p>7 Q. Okay. So if you look at the</p> <p>8 subtotals as between those two sections, first</p> <p>9 mental health and then substance abuse, it</p> <p>10 appears that the mental health contractual</p> <p>11 expenditure for 2012 is nearly \$25 million,</p> <p>12 right?</p> <p>13 A. Yes.</p> <p>14 Q. And for substance abuse, the number</p> <p>15 is just over \$13 million, right?</p> <p>16 A. That's correct.</p> <p>17 Q. Okay. Why is it that most -- well,</p> <p>18 let me actually back up and set the foundation</p> <p>19 for this question.</p> <p>20 Is it true today that the ADAMHS</p> <p>21 Board budgets more money for mental health</p> <p>22 services relative to the substance abuse</p> <p>23 component of the annual budget?</p> <p>24 A. Yes, that would be the case.</p> <p>25 Q. Has that always been the case since</p>
<p style="text-align: right;">Page 175</p> <p>1 you see on the bottom right-hand corner that</p> <p>2 there are some numbers? Do you see that in the</p> <p>3 bottom right-hand corner?</p> <p>4 A. Yes.</p> <p>5 Q. Just -- I don't know if you're</p> <p>6 familiar with this or not, but -- but these are</p> <p>7 numbers that get stamped onto the document by</p> <p>8 the lawyers so that we can kind of keep track</p> <p>9 of them. Because this slide deck is not</p> <p>10 otherwise numbered, I'm going to use the</p> <p>11 numbers, and particularly the final numbers --</p> <p>12 A. Okay.</p> <p>13 Q. -- at the bottom right-hand page to</p> <p>14 kind of --</p> <p>15 A. Reference?</p> <p>16 Q. -- help us flip through it.</p> <p>17 A. Okay.</p> <p>18 Q. And the first page I'd like to look</p> <p>19 at with you is the page with the number 7364 at</p> <p>20 the end, which is toward the back.</p> <p>21 A. Okay.</p> <p>22 Q. And do you see this is the section</p> <p>23 of the presentation about the 2012 budget that</p> <p>24 describes the contractual expenditures by the</p> <p>25 ADAMHS Board?</p>	<p style="text-align: right;">Page 177</p> <p>1 you've been at ADAMHS?</p> <p>2 A. Yes, it has been.</p> <p>3 Q. Okay. If you look at that subtotal</p> <p>4 for substance abuse services, that's the \$13.1</p> <p>5 million. Do you see that?</p> <p>6 A. I see it.</p> <p>7 Q. Okay. How much of the total 2012</p> <p>8 expenditures on substance abuse services was</p> <p>9 directed specifically at opiate use disorder?</p> <p>10 A. I couldn't tell you.</p> <p>11 Q. Why not?</p> <p>12 A. Because I don't catalog that kind</p> <p>13 of information.</p> <p>14 Q. Does the ADAMHS Board -- do other</p> <p>15 individuals on behalf of the ADAMHS Board</p> <p>16 catalog that type of specific information?</p> <p>17 A. No. We -- when we make an</p> <p>18 allocation towards an agency, it's either to</p> <p>19 serve an individual who has a substance use</p> <p>20 disorder or a mental health disorder. Back</p> <p>21 in -- in the time that this budget was</p> <p>22 developed, that would be the case.</p> <p>23 Q. Would the contracting agency be</p> <p>24 required to track what particular substances</p> <p>25 were being abused or what substance use</p>

<p style="text-align: right;">Page 178</p> <p>1 disorders were being addressed in terms of how 2 they allocated the money provided to them by 3 the ADAMHS Board? 4 A. No. We -- we fund substance -- 5 services to address substance use disorders, 6 but we don't catalog them. We want the agency 7 to be able to address whatever needs come 8 before them in that domain. 9 Q. Okay. Did the ADAMHS Board request 10 additional funds from Summit County 11 specifically for the purpose of addressing 12 opiate use disorders for the fiscal year of 13 2012? 14 A. We've never requested funds from 15 Summit County. 16 Q. What do you mean when you say 17 you've never requested funds -- 18 A. You -- 19 Q. -- from Summit County? 20 A. You asked me if this -- if the ADM 21 Board has ever sought funds from Summit County, 22 and we don't seek funds from Summit County. 23 Q. Okay. What -- 24 A. Summit County is not a funder. 25 Q. What are the funding sources for</p>	<p style="text-align: right;">Page 180</p> <p>1 designated specifically for the Summit County 2 ADAMHS Board? 3 A. The funding -- the funding that -- 4 that's yielded from the levy is collected by 5 the County and held at the County, but it's 6 restricted for ADM Board use. 7 Q. And do the voters of Summit County 8 vote on whether or not there would be such a 9 levy for the ADAMHS Board? 10 A. Yes. 11 Q. Okay. So -- and that's why you 12 said my question didn't quite make sense when 13 I -- when I said has the ADAMHS Board went to 14 the Summit County and requested funds for the 15 opiate epidemic, because you get your funds 16 from that levy, right? 17 A. Right. Well, when you say "Summit 18 County," I was -- I was of the understanding 19 you were -- you were referring to the County as 20 an agency. 21 Q. Right. 22 A. Not as the population of the 23 county. 24 Q. Got it. Thank you. 25 Now, I have marked these other</p>
<p style="text-align: right;">Page 179</p> <p>1 the ADAMHS Board for Summit County? 2 A. For Summit County our -- our budget 3 is -- is levy, from the property tax levy. We 4 have state funding and federal funding. And 5 much of the state and federal funding is 6 targeted for specific needs and issues. 7 Q. When you say "targeted," does 8 that -- is that sometimes referred to as 9 earmarked? I'm familiar with that term. Is 10 that what you mean by that? 11 A. Earmarked or restricted might be a 12 fair way to state it. 13 Q. Does that mean when you get the 14 money, you have specific requirements and 15 guidelines that you have to follow in terms of 16 how you spend the money? 17 A. That would be fair. 18 Q. Okay. Now, the levy category that 19 you referenced, what levy are you referring to? 20 A. The ADM Board has a 3.28 mil, I 21 believe, operating levy that we -- that is paid 22 by Summit County property owners. 23 Q. Is that 3.28 mil operating levy, 24 does that go through county government before 25 it gets directed to ADAMHS Board, or is that</p>	<p style="text-align: right;">Page 181</p> <p>1 budgets just for the record. 2013 budget 2 slides are Exhibit 9. 3 The 2014 budget slides are Exhibit 4 10. 5 The 2015 budget slides are 6 Exhibit 11. 7 The 2016 budget slides are Exhibit 8 12. 9 The 2017 budget slides are 10 Exhibit 13. 11 And the 2018 budget slides are 12 Exhibit 14. 13 I'm sorry. That was a little 14 tedious. I just wanted to do that -- 15 A. Uh-huh. 16 Q. -- so it was clear for the record 17 and for those who aren't sitting with us in the 18 room how we've done this. 19 If I were to ask you the same 20 question I asked you about the 2012 budget -- 21 that is how much of the substance use subtotal 22 for each year is directed specifically at 23 opiate use disorder -- would your answer be the 24 same for each of these years? 25 A. Not necessarily.</p>

<p style="text-align: right;">Page 182</p> <p>1 Q. Okay. Can you help me understand 2 how it might be different from year to year? 3 A. Sure. Let me look at this for a 4 moment. 5 This is '12. Okay. 6 So there were some dynamics that -- 7 that occurred within the state when Medicaid 8 expansion became a reality. And more and more 9 of the services that the ADM Board funded, 10 particularly those services for people with 11 substance use disorders, were picked up my 12 Medicaid. 13 Q. What were the implications of that 14 development for purposes of funds available to 15 the ADAMHS Board in Summit County? 16 A. The implications of that were that 17 we were able to use those dollars that we had 18 formerly used to fund programs and services for 19 treatment for other types of services. 20 Q. Do I understand, basically, that 21 the expansion of Medicaid freed up more money 22 for you to use in a variety of different ways? 23 A. That would be fair. 24 Q. Okay. When did that happen? Is 25 that -- is that what is referred to as the</p>	<p style="text-align: right;">Page 184</p> <p>1 Q. Is there some other way by which 2 you would be able to answer the question for 3 any of these years how much of the substance 4 abuse subtotal was specifically directed 5 towards opiate use disorder treatment? 6 A. No, I would not be able to tell 7 from any -- in any of those documents 8 prospectively. 9 Q. I'm sorry. And -- 10 A. I'm sorry. That -- we did not 11 budget funds. We could tell after the fact how 12 the funds were expended -- expended, but we 13 could not tell prospectively. 14 Q. Okay. Okay. So I think you -- I 15 think we're on the right track here. Let me 16 just make sure I have my question clear and you 17 understand it. 18 A. Uh-huh. 19 Q. So what I'm asking as -- is really 20 not necessarily just what's on the document, 21 but whether or not you would be able to 22 determine, looking back at each year, how much 23 of the substance use expenditures for any given 24 year were directed specifically at services for 25 opiate use disorder.</p>
<p style="text-align: right;">Page 183</p> <p>1 Affordable Care Act? 2 A. Yes. 3 Q. Okay. 4 A. So roughly 2014. 5 Q. Okay. So if we were to go through 6 each of these budgets -- and, look, every -- 7 every of these budgets, I'll represent -- or 8 these slides reflecting the annual budget has a 9 page that talks about the contractual 10 expenditures by agency. It has a mental health 11 subtotal. It has a substance abuse subtotal. 12 Does that sound right? 13 A. Yes. 14 Q. And if we were to go through the 15 substance abuse subtotal for each of these 16 years, would you be able to tell me how much, 17 in any given year, of the substance abuse 18 subtotal was directed specifically toward 19 opiate use disorder expenditures? 20 A. Not entirely, no. Not by looking 21 at these documents. 22 Q. Would you be able to tell me that 23 for any of the years by looking at these 24 documents? 25 A. I would not.</p>	<p style="text-align: right;">Page 185</p> <p>1 MS. KEARSE: Object to form. 2 Q. Are you -- is that something you 3 know? 4 A. I do not. Not in total. 5 Q. And -- and would you have data 6 available at the ADAMHS Board that would allow 7 you to perform that kind of calculation? 8 A. No, I would not. 9 Q. And why not? What would you need 10 that you don't have. 11 A. A crystal ball. 12 Q. I'm -- I'm sure you're -- you're 13 kind of saying that tongue in cheek. I'm just 14 not sure what you mean. 15 A. No. I mean that we would be -- we 16 would have to be able to predict with some 17 level of clarity who's going to come to us for 18 treatment services and what the nature of their 19 issue is, and we don't have the ability to do 20 that. 21 Q. You're talking about looking into 22 the future? 23 A. Yes. 24 Q. Okay. So what I'm asking you right 25 now -- well, let's actually wrap that part up</p>

<p style="text-align: right;">Page 186</p> <p>1 and then we can come back to this.</p> <p>2 You're saying that if -- in terms</p> <p>3 of predicting what your future expenditures</p> <p>4 might be with respect to opiate -- the opiate</p> <p>5 epidemic in Summit County, you would not have</p> <p>6 any data-based credible way to calculate</p> <p>7 exactly what those expenditures would be, fair?</p> <p>8 MS. KEARSE: Object to form.</p> <p>9 A. That's correct.</p> <p>10 Q. Okay. Now, looking back -- because</p> <p>11 I think that's where we got a little confused,</p> <p>12 and it's probably my fault.</p> <p>13 What I'm asking you about right now</p> <p>14 is with respect to these past years whether or</p> <p>15 not you would be able to tell us of the</p> <p>16 subtotal for substance use expenditures by the</p> <p>17 ADAMHS Board in any given year, how much of</p> <p>18 that subtotal was directed specifically to</p> <p>19 address opiate use disorder treatment and</p> <p>20 services.</p> <p>21 A. In total?</p> <p>22 Q. On an annual basis. So, for</p> <p>23 example, in 2012 this -- the projected</p> <p>24 expenditures was just over 13 million for</p> <p>25 substance abuse in total, right?</p>	<p style="text-align: right;">Page 188</p> <p>1 these numbers in these annual budgets and tell</p> <p>2 me how much each year of the subtotal for</p> <p>3 substance use treatment went specifically to</p> <p>4 opiate use disorder treatment and services. Is</p> <p>5 that fair?</p> <p>6 A. Well, in the 2017 and 2018 budget,</p> <p>7 I believe there were some -- some funds that</p> <p>8 were identified specifically for that purpose.</p> <p>9 Q. Okay. Let's set those aside --</p> <p>10 A. Okay.</p> <p>11 Q. -- for just a second, and then</p> <p>12 we'll go back to that.</p> <p>13 A. But aside from that, no.</p> <p>14 Q. Okay. Perfect. Now let's go to</p> <p>15 those.</p> <p>16 You said 2017 and 2018?</p> <p>17 A. I believe so.</p> <p>18 Q. Okay. So those are Exhibits 13 and</p> <p>19 14.</p> <p>20 If you look at Exhibit 13, can you</p> <p>21 find the page that has the 2017 contract</p> <p>22 expenditures by agency?</p> <p>23 A. Yes, I believe so.</p> <p>24 MS. KEARSE: For some reason, this</p> <p>25 doesn't have a Bates stamp on it.</p>
<p style="text-align: right;">Page 187</p> <p>1 A. Correct.</p> <p>2 Q. And that includes alcohol services,</p> <p>3 right?</p> <p>4 A. Right.</p> <p>5 Q. Methamphetamines?</p> <p>6 A. Right.</p> <p>7 Q. Cocaine?</p> <p>8 A. Correct.</p> <p>9 Q. And we could go right down the</p> <p>10 list. That's for all substance abuse-related</p> <p>11 services, right?</p> <p>12 A. That's correct.</p> <p>13 Q. Okay. So what I'm asking you is</p> <p>14 whether or not you can identify how much of</p> <p>15 that substance abuse subtotal was directed</p> <p>16 specifically to expenditures for opiate use</p> <p>17 disorder treatment and services in any given</p> <p>18 year.</p> <p>19 A. I can go back and do that</p> <p>20 retrospectively through our claims data.</p> <p>21 Q. That's what you would use. That's</p> <p>22 what you were referring to earlier today?</p> <p>23 A. Yes.</p> <p>24 Q. Okay. But sitting here today, I</p> <p>25 take it, you're not able to look at any of</p>	<p style="text-align: right;">Page 189</p> <p>1 MR. BOEHM: I know. I -- I noticed</p> <p>2 that, too. And I don't know --</p> <p>3 THE WITNESS: It's numbered page 9</p> <p>4 at the top right-hand corner.</p> <p>5 MR. BOEHM: Yeah. Thank you.</p> <p>6 And, Anne, I -- I noticed that too.</p> <p>7 And I -- I apologize, because I'm not certain</p> <p>8 whether or not we could not find a produced</p> <p>9 version of this and so we found it on a</p> <p>10 website, or if we --</p> <p>11 MS. KEARSE: Okay. I --</p> <p>12 MR. BOEHM: I'm not sure what</p> <p>13 happened.</p> <p>14 MS. KEARSE: Okay. I understand,</p> <p>15 yeah.</p> <p>16 MR. BOEHM: If you'd like, we can</p> <p>17 go back and replace the --</p> <p>18 MS. KEARSE: No. I was -- I was</p> <p>19 just going to say what page -- I was going to</p> <p>20 use the page number. Says page 9 versus a</p> <p>21 Bates stamp number.</p> <p>22 MR. BOEHM: Yes. Thank you.</p> <p>23 That's helpful.</p> <p>24 MS. KEARSE: Yeah.</p> <p>25 Q. So page 9 has the 2017 contract</p>

<p style="text-align: right;">Page 190</p> <p>1 expenditures by agency for 2017, right?</p> <p>2 A. Yes.</p> <p>3 Q. Okay. And, again, just like every</p> <p>4 year, there's a subtotal for the substance</p> <p>5 abuse expenditures, and that is just over 13</p> <p>6 mil- -- \$13.2 million, right?</p> <p>7 A. Yes.</p> <p>8 Q. And you indicated that in 2017 and</p> <p>9 2018 there were funds that were dedicated</p> <p>10 specifically to addressing opiate use disorder?</p> <p>11 A. Yes.</p> <p>12 Q. Okay. And is that reflected in the</p> <p>13 "Targeted solutions, opiate epidemic" line</p> <p>14 that's almost at the very bottom --</p> <p>15 A. Yes.</p> <p>16 Q. -- of page 9?</p> <p>17 And that looks like that line item</p> <p>18 comes to about \$3.2 million?</p> <p>19 A. That's correct.</p> <p>20 Q. Okay. Where is that money from?</p> <p>21 A. These are funds that come from our</p> <p>22 local -- or from our levy. So these are levy</p> <p>23 funds that are pulled from our fund balance and</p> <p>24 allocated for the specific purpose of</p> <p>25 addressing unmet needs related to the opiate</p>	<p style="text-align: right;">Page 192</p> <p>1 2018; is that right?</p> <p>2 A. It was established in 2016, and</p> <p>3 as -- has been --</p> <p>4 Q. Did you mean 2017 or 2016?</p> <p>5 A. It's -- it's the -- it's the 2016</p> <p>6 for '17.</p> <p>7 Q. For -- for the 2017 --</p> <p>8 A. Correct.</p> <p>9 Q. -- budget.</p> <p>10 A. And has -- and we have done that</p> <p>11 all the way through our 2019 budget.</p> <p>12 Q. Okay. Got it. Do you anticipate</p> <p>13 doing that beyond 2019?</p> <p>14 A. I don't know yet.</p> <p>15 Q. What will be the factors that</p> <p>16 determine whether or not that continues beyond</p> <p>17 2019?</p> <p>18 A. The sustainability of -- of those</p> <p>19 funds and our ability to -- our ability to</p> <p>20 continue to fund programs that we've -- that</p> <p>21 we've already funded based on our funds</p> <p>22 available.</p> <p>23 Q. Okay. When you had additional</p> <p>24 funds become available to you through the</p> <p>25 changes in Medicaid coverage that you described</p>
<p style="text-align: right;">Page 191</p> <p>1 epidemic.</p> <p>2 Q. Okay. And was 2017 the first time</p> <p>3 you had this targeted solutions line item to</p> <p>4 address the opiate use epidemic in Summit</p> <p>5 County?</p> <p>6 A. Yes.</p> <p>7 Q. For this year or for any prior</p> <p>8 year, when you refer to the claims data as a</p> <p>9 way where you could go back and look to see how</p> <p>10 the funds were spent, are you able to subdivide</p> <p>11 those expenditures as between prescription</p> <p>12 opioids versus illicit opioids such as heroin?</p> <p>13 A. No.</p> <p>14 MS. KEARSE: Object to form.</p> <p>15 A. No, we're not able to do that.</p> <p>16 Q. Why aren't you able to do that?</p> <p>17 A. Because we use codes that are</p> <p>18 provided to us that are standard billing codes,</p> <p>19 and there's not -- there's not a process for us</p> <p>20 to identify a problem based on whether it's an</p> <p>21 illicit substance or a prescription pain</p> <p>22 medication.</p> <p>23 Q. Okay. And you indicated that this</p> <p>24 line item for targeted solutions for the opiate</p> <p>25 epidemic in Summit County was maintained in</p>	<p style="text-align: right;">Page 193</p> <p>1 in connection with the Affordable Care Act, did</p> <p>2 any of the newly available funds that you had</p> <p>3 available to you get specifically directed to</p> <p>4 services and treatment for opiate use disorder?</p> <p>5 A. Yes.</p> <p>6 Q. Okay. Can you identify those for</p> <p>7 us, please?</p> <p>8 A. I can say that aside from what we</p> <p>9 had allocated to our agencies, we had some</p> <p>10 funds set aside to develop some additional</p> <p>11 capacity to provide medication-assisted</p> <p>12 treatments which are generally used for opiate</p> <p>13 use disorders.</p> <p>14 So we created with three -- for</p> <p>15 three of our agencies, we established a pilot</p> <p>16 to introduce them to medication-assisted</p> <p>17 treatment, particularly use -- with the use of</p> <p>18 Suboxone, buprenorphine.</p> <p>19 Q. Do you remember how much money was</p> <p>20 dedicated to the purpose that you just</p> <p>21 described?</p> <p>22 A. I'm not sure. I'm not sure.</p> <p>23 \$300,000 comes to mind, but I'm not sure if</p> <p>24 that was a total or if that was how much per</p> <p>25 pilot.</p>

<p style="text-align: right;">Page 194</p> <p>1 Q. Is that something that Ms. Peivich 2 could look in to her database and figure out? 3 A. Yes, or I could look back 4 retrospectively through records. I just don't 5 recall. 6 Q. Okay. Now, with respect to this 7 targeted solutions for the opiate epidemic in 8 Summit County, that gets its own line item in 9 2017. Was that money that was being directed 10 from the existing ADAMHS levy, or was there 11 some new levy or some other new source of funds 12 that you all were using to add that -- that 13 expenditure? 14 A. These were funds that were in our 15 fund balance that were unexpended, so -- so we 16 were able to direct those funds towards these 17 opiate solutions. 18 Q. For those of us who may not be 19 certified public accountants, when you talk 20 about a fund balance -- 21 A. Uh-huh. 22 Q. -- can you just give a little bit 23 more information about what you mean by that 24 and what it means that you took money from the 25 fund balance to create this line item?</p>	<p style="text-align: right;">Page 196</p> <p>1 operating funds. And that -- and that -- and 2 that fund balance is at the end of our -- that 3 is projected to be at the end of our -- the 4 requirement is at the end of our levy cycle, we 5 should be projected to have at least 90 days 6 funding in our -- in our fund balance. 7 Q. You referred to this computation 8 that -- that you and Ms. Peivich prepared in 9 connection with the litigation earlier today. 10 Do the computations that you and 11 Ms. Peivich prepared in connection with the 12 lawsuit include amounts that you computed -- 13 sorry, let me start over. Hope this isn't too 14 long of a question. I'm going to try to 15 simplify it for you. 16 With respect to the computation 17 that -- that you referenced earlier today that 18 you and Ms. Peivich prepared in connection with 19 this lawsuit, is it correct that those 20 computations included amounts and expenditures 21 for illicit as well as prescription opiate use 22 disorders? 23 MS. KEARSE: Object to form. 24 A. These were -- the compu- -- the 25 information that we gathered to respond to</p>
<p style="text-align: right;">Page 195</p> <p>1 A. In 2007, Summit County requested it 2 and was approved to seek an increase in our 3 levy. So we actually reduced the millage of 4 our levy, but the net effect of that was that 5 it actually earned us more money. 6 And so we brought in more money 7 that we spent at the beginning of our levy -- 8 at the beginning of our levy cycle, and what we 9 didn't spend went into our fund balance. And 10 each year we had some -- we had plans for how 11 we wanted to increase our expenditures to 12 address the needs that presented in our 13 community. 14 Q. Since the ADAMHS Board -- well, let 15 me back up. 16 Since you've been at the ADAMHS 17 Board, in other words since 2007, has there 18 ever been a year where the ADAMHS Board has 19 operated without the surplus that you were just 20 referring to? 21 A. No. 22 Q. Do you have a surplus for 2019 as 23 well? 24 A. Yes. We are required by the County 25 to carry a fund balance of at least 90 days of</p>	<p style="text-align: right;">Page 197</p> <p>1 the -- to respond to the county executive's 2 requests was anything opiate related, 3 irrespective of whether it was prescription or 4 synthetic opioids. 5 Q. Got it. And I apologize if you 6 already said this. 7 Is that in part because you don't 8 have the coding, in terms of the claims data, 9 in order to separate those out? 10 A. That's correct. 11 Q. Okay. Do the computations of 12 expenditures for the ADAMHS Board that you and 13 Ms. Peivich prepared in connection with this 14 lawsuit go back further in time than when, in 15 your view, Summit County began to experience an 16 opioid epidemic? 17 MS. KEARSE: Object to form. 18 A. I don't know. I don't know. I 19 don't know how -- how I would be able to 20 characterize this as an epidemic. So -- and I 21 don't know exactly how far back we went in 22 our -- in our computation. 23 Like I said before, we were asked 24 for information for a variety of time frames 25 for a variety of purposes, so I'm not -- I'm</p>

<p style="text-align: right;">Page 198</p> <p>1 not completely sure.</p> <p>2 Q. I noticed that these slides for the</p> <p>3 annual budgets for ADAMHS also referenced cost</p> <p>4 for just the running of the board,</p> <p>5 administrative costs, right?</p> <p>6 A. Yes.</p> <p>7 Q. And I thought you indicated earlier</p> <p>8 today that your computations with Ms. Peivich</p> <p>9 in connection with this lawsuit endeavored to</p> <p>10 include the amount of time that your staff</p> <p>11 spent focused on opiate-related issues.</p> <p>12 Did I understand your earlier</p> <p>13 testimony correctly in that regard?</p> <p>14 MS. KEARSE: Object to form.</p> <p>15 A. Yes. We tried to -- we tried to</p> <p>16 estimate the amount of time by staff position</p> <p>17 if they were involved in any way in the opiate</p> <p>18 epidemic, or in our Opiate Task Force, or any</p> <p>19 of the activities related to those -- those</p> <p>20 programs, we -- we tried to get an estimate of</p> <p>21 what their time would be.</p> <p>22 Q. Got it. How did you go about</p> <p>23 getting an estimate of what their time would</p> <p>24 have been spent on opiate epidemic-related</p> <p>25 issues?</p>	<p style="text-align: right;">Page 200</p> <p>1 our Quick Response Teams who were -- dedicated</p> <p>2 a significant part of their time to stand up</p> <p>3 these programs, and also to any other</p> <p>4 initiative that was related to our opiate</p> <p>5 response.</p> <p>6 Q. Okay.</p> <p>7 - - - - -</p> <p>8 (Thereupon, Deposition Exhibit 15,</p> <p>9 ADM Board Document Titled "Report on</p> <p>10 Opiate Epidemic Impact", was marked</p> <p>11 for purposes of identification.)</p> <p>12 - - - - -</p> <p>13 Q. Is that recorded anywhere, how --</p> <p>14 how you went about reaching those estimates in</p> <p>15 terms of staff time?</p> <p>16 A. The methodology was not recorded</p> <p>17 anywhere. I think that that was really on the</p> <p>18 basis of a conversation.</p> <p>19 Q. When you say a "basis of a</p> <p>20 conversation," do you mean a conversation with</p> <p>21 each individual staff member?</p> <p>22 A. With -- with individual staff</p> <p>23 members or -- or with -- you know, we had staff</p> <p>24 who were -- had left the board, so there were</p> <p>25 some individuals that we wanted to -- who had a</p>
<p style="text-align: right;">Page 199</p> <p>1 A. It was -- it was less than</p> <p>2 scientific. It was pretty much a perception of</p> <p>3 time that they spent. Because there's no --</p> <p>4 because we don't track our staff by activities</p> <p>5 going back, or we don't ask staff to classify</p> <p>6 their time depending -- you know, about which</p> <p>7 program -- which -- which problem</p> <p>8 they're addressing.</p> <p>9 Q. Okay. So given that it was less</p> <p>10 than scientific, what -- what was the best you</p> <p>11 could do in terms of trying to reach an</p> <p>12 estimate?</p> <p>13 MS. KEARSE: Object to form.</p> <p>14 A. We would essentially take what</p> <p>15 we -- what we estimated to be the percentage of</p> <p>16 their time spent on these activities and took</p> <p>17 that as a percentage of their total costs.</p> <p>18 Q. How did you reach a rough estimate</p> <p>19 of their time spent on opioid epidemic-related</p> <p>20 activities?</p> <p>21 A. Based on their -- their attendance</p> <p>22 or their assignment to specific committees.</p> <p>23 For example, we had some staff who were</p> <p>24 assigned to staff certain Opiate Task Force</p> <p>25 committees, individuals who were working with</p>	<p style="text-align: right;">Page 201</p> <p>1 significant role in the past before they left</p> <p>2 the board, so part of that was sort of my</p> <p>3 guesstimate.</p> <p>4 MR. BOEHM: Okay. I've -- I've</p> <p>5 marked the next document as an exhibit. It's</p> <p>6 now Exhibit 15 that we're at.</p> <p>7 MS. KEARSE: Does this have a Bates</p> <p>8 stamp number?</p> <p>9 MR. BOEHM: It does. Does yours</p> <p>10 not -- is yours not Bates-stamped?</p> <p>11 MS. KEARSE: No, mine's not.</p> <p>12 MR. BOEHM: I apologize. I'm not</p> <p>13 sure how that happened. But I will just say</p> <p>14 for the record that I -- for some reason my</p> <p>15 copy does have one, so I'll just say it for the</p> <p>16 record.</p> <p>17 THE WITNESS: Am I finished with</p> <p>18 these?</p> <p>19 MR. BOEHM: Yeah.</p> <p>20 THE WITNESS: Okay.</p> <p>21 MR. BOEHM: The document that's</p> <p>22 been marked as Exhibit 15 is SUMMIT_001952555.</p> <p>23 I apologize. I don't know.</p> <p>24 MS. KEARSE: I just want to make</p> <p>25 sure it's not a clawback or anything like that.</p>

<p style="text-align: right;">Page 202</p> <p>1 Can -- can I just -- I --</p> <p>2 MR. BOEHM: Yeah, take a minute</p> <p>3 sure. It's -- there's nothing priv- -- but go</p> <p>4 ahead and take a look.</p> <p>5 MS. KEARSE: Well, I want to make</p> <p>6 sure of that.</p> <p>7 You just indicated earlier that you</p> <p>8 didn't have any of these, so.</p> <p>9 MR. BOEHM: It's not on your</p> <p>10 privilege log, if that's what you're wondering.</p> <p>11 MS. KEARSE: That's what I'm just</p> <p>12 inquiring --</p> <p>13 MR. BOEHM: Yeah, it's not.</p> <p>14 MS. KEARSE: -- so if you'll just</p> <p>15 give me one second --</p> <p>16 MR. BOEHM: I'll represent that</p> <p>17 it's not.</p> <p>18 MS. KEARSE: Okay.</p> <p>19 MR. BOEHM: Is that not good</p> <p>20 enough?</p> <p>21 MS. KEARSE: Actually, it usually</p> <p>22 is, so -- but I just want to check.</p> <p>23 MS. RENDON: Why don't we go off</p> <p>24 the record while they do that?</p> <p>25 MR. BOEHM: Okay. Let's go off the</p>	<p style="text-align: right;">Page 204</p> <p>1 MS. KEARSE: To the extent there's</p> <p>2 any conversations between the lawyers and the</p> <p>3 client, that may be privileged information, but</p> <p>4 the document itself speaks for itself.</p> <p>5 MR. BOEHM: Okay.</p> <p>6 Q. Mr. Craig, you have in front of you</p> <p>7 a document that's been marked as Exhibit 15 for</p> <p>8 purposes of your deposition, and you see that</p> <p>9 it's entitled "Report on Opiate Epidemic</p> <p>10 Impact"?</p> <p>11 A. Yes.</p> <p>12 Q. Who prepared this document?</p> <p>13 A. This -- this report was -- was</p> <p>14 created by Jen Peivich with input from several</p> <p>15 other staff at the ADM Board, including myself.</p> <p>16 Q. When was this document prepared?</p> <p>17 A. That I'm not really sure of. I was</p> <p>18 looking for a date that would give me some</p> <p>19 clue, but I don't -- I don't remember</p> <p>20 specifically when.</p> <p>21 Q. Okay. Do you know if it was in</p> <p>22 2018?</p> <p>23 A. It looks like from the -- it may</p> <p>24 have been 2017 or 2018. I'm not sure.</p> <p>25 Q. Okay. Do you see the second</p>
<p style="text-align: right;">Page 203</p> <p>1 record.</p> <p>2 THE VIDEOGRAPHER: Off the record,</p> <p>3 1:53.</p> <p>4 (A recess was taken.)</p> <p>5 THE VIDEOGRAPHER: On the record,</p> <p>6 2:06.</p> <p>7 MS. KEARSE: And this is Anne</p> <p>8 Kears. I'll just put on the record, this --</p> <p>9 this is -- my understanding it's Exhibit No. --</p> <p>10 MR. BOEHM: 15.</p> <p>11 MS. KEARSE: -- 15. We have Bates</p> <p>12 stamp No. 001952555, and we'll allow you to</p> <p>13 question the witness about the document, but</p> <p>14 it's not -- it's not a public document on that</p> <p>15 too, so.</p> <p>16 MR. BOEHM: Okay. But you're not</p> <p>17 representing that it's privileged or work</p> <p>18 product, right?</p> <p>19 MS. KEARSE: I'm not -- this</p> <p>20 particular document, I'm not -- I know I</p> <p>21 suggested I was not, but this particular -- I'm</p> <p>22 not waiving any privilege to the extent there's</p> <p>23 another document. This document itself, we're</p> <p>24 not claiming privilege on this.</p> <p>25 MR. BOEHM: Okay.</p>	<p style="text-align: right;">Page 205</p> <p>1 sentence of the document states, "This past</p> <p>2 decade has witnessed a tremendous increase in</p> <p>3 opioid use disorder."</p> <p>4 Do you see that?</p> <p>5 A. Yes.</p> <p>6 Q. And do you agree with that</p> <p>7 statement?</p> <p>8 A. Yes.</p> <p>9 Q. Does that statement refer to Summit</p> <p>10 County?</p> <p>11 A. Yes, it does.</p> <p>12 Q. If you go to the next to last page</p> <p>13 of this document, do you see there's a chart</p> <p>14 that's titled "Opioid Use Disorder Treatment</p> <p>15 Cost"?</p> <p>16 A. Yes.</p> <p>17 Q. Okay. How did you go about</p> <p>18 calculating the figures that are reflected in</p> <p>19 this chart? It's on Bates 25557. That's the</p> <p>20 bottom -- oh, you don't have it, but just for</p> <p>21 the record that's the Bates number.</p> <p>22 A. Okay. The -- these are any funds</p> <p>23 that came through our system that were used to</p> <p>24 provide treatment for individuals with an</p> <p>25 opiate use disorder.</p>

<p style="text-align: right;">Page 206</p> <p>1 Q. What was the methodology that you 2 used in terms of calculating these figures? 3 MS. KEARSE: Object to form. 4 A. These -- these costs were computed 5 based on claims data. 6 Q. Are these costs calculated 7 exclusively based on claims data, or were other 8 data inputs included for purposes of this 9 computation? 10 A. This is strictly treatment costs, 11 so I believe it all came from claims data. 12 Q. Okay. Is the computation that is 13 reflected here on this chart in Exhibit 15 the 14 same computation that you referred to having 15 done with Ms. Peivich in connection with this 16 lawsuit? 17 A. I'm not sure what you mean by 18 "computation." 19 Q. Well, we've been talking about it 20 all day. I don't -- I'm not sure what else to 21 say. We've been talking about a computation 22 that you did with Ms. Peivich all day, right? 23 A. What I -- what I -- so the -- 24 MS. KEARSE: I'm going to object to 25 that. I think he's entitled to ask a few -- if</p>	<p style="text-align: right;">Page 208</p> <p>1 calculation and computation that you did with 2 Ms. Peivich that we've been discussing earlier 3 today, or if this is a separate calculation 4 that you all performed at the ADAMHS Board. 5 A. This is the same information I was 6 referring to earlier. 7 Q. And the chart here on the third 8 page of Exhibit 15 seems to differentiate 9 between what you've called local funds and 10 other funds. 11 Do you see that? 12 A. Yes. 13 Q. How are you defining, quote, "local 14 funds"? 15 A. Local funds would be levy. 16 Q. The ADAMHS levy? 17 A. Yes. And any other funds are 18 identified as any funds that were not levy. 19 Q. And do you see that on this 20 particular chart of Exhibit 15 the treatment 21 costs that you all have calculated at the 22 ADAMHS Board between 2008 and 2015 kind of goes 23 up and down a little bit, but it's -- kind of 24 roughly is the same in 2008 as it is in 2015. 25 Do you see that?</p>
<p style="text-align: right;">Page 207</p> <p>1 he has a question about what your terminology 2 means, he can ask it. 3 MR. BOEHM: I'm -- I'm sure you -- 4 you -- 5 A. The information that we used to -- 6 to identify those costs were claims that ran 7 through the board. 8 Q. You recall earlier today -- let me 9 just back up for a second -- 10 A. Sure. 11 Q. -- see if we can figure this out. 12 A. Okay. 13 Q. Earlier today you described a 14 calculation or a computation that you performed 15 together with Ms. Peivich in connection with 16 the claims in the lawsuit. And you said you 17 didn't know what the total number was, and you 18 didn't have the information with you today -- 19 A. Right. 20 Q. -- to be able to describe the 21 methodologies. Do you remember that? 22 A. Yes. 23 Q. Okay. My question to you is 24 whether or not the information reflected here 25 on the third page of Exhibit 15 is the same</p>	<p style="text-align: right;">Page 209</p> <p>1 A. Yes. 2 Q. And then in 2016 it goes up by, it 3 looks like, a million and a half dollars or so; 4 is that right? 5 A. Yes. 6 Q. And then in 2017 it goes up another 7 half million or so? 8 A. Yes. 9 Q. What are the source of the funds 10 that were used for opioid use disorder 11 treatment costs on top -- in 2016 and 2017 on 12 top of the costs that -- or expenditures that 13 you were making in previous years? 14 Did my question make sense to you? 15 A. No, it didn't. I'm sorry. 16 Q. I'm not sure it made sense to me. 17 MS. KEARSE: And I didn't even have 18 to object. 19 MR. BOEHM: That was -- that was an 20 agreed-upon objection. 21 Q. Okay. But so my basic point is you 22 see that there's a difference between -- based 23 on your computations -- the total amount of 24 costs for opiate use disorder treatment in 2015 25 versus 2016 --</p>

<p style="text-align: right;">Page 210</p> <p>1 A. Yes.</p> <p>2 Q. -- right?</p> <p>3 What was the source of the</p> <p>4 additional funds expended on opioid use</p> <p>5 disorder treatment between 2015 versus 2016?</p> <p>6 Is it the levy, or is it some other source?</p> <p>7 A. So I'm still trying to make sure I</p> <p>8 understand your question.</p> <p>9 Q. Or is it from the surplus? I guess</p> <p>10 that's another possibility.</p> <p>11 MS. KEARSE: Object to form. Just</p> <p>12 not knowing what the --</p> <p>13 A. In -- in 2016 and 2017 we were</p> <p>14 building out a lot of capacity for treatment</p> <p>15 services, so there could be -- so some of this</p> <p>16 may have been attributed to the fact that there</p> <p>17 was additional capacity to serve more</p> <p>18 individuals; therefore, our expenses went up,</p> <p>19 and those expenses were -- were covered either</p> <p>20 by local funds or other funds.</p> <p>21 Q. Did you -- for purposes of spending</p> <p>22 more money on opiate use -- opiate -- opioid --</p> <p>23 sorry.</p> <p>24 For purposes of spending more money</p> <p>25 on opioid use disorder treatment, did you pull</p>	<p style="text-align: right;">Page 212</p> <p>1 Interval Brotherhood Home and -- and our detox</p> <p>2 program at -- that -- that Oriana House</p> <p>3 operates, we expanded the number of beds that</p> <p>4 were available there. Those beds and those</p> <p>5 services are not Medicaid eligible, therefore</p> <p>6 would have a more significant draw on our local</p> <p>7 funds.</p> <p>8 Q. Okay. And in order to direct</p> <p>9 resources toward opioid use disorder treatment</p> <p>10 costs in 2016 and 2017, did you take funds from</p> <p>11 other services in order to pay for the</p> <p>12 additional opioid use disorder treatment costs?</p> <p>13 A. We did not, not in -- not in -- in</p> <p>14 total. We may have in part. But again, this</p> <p>15 is the -- this -- these numbers are computed as</p> <p>16 a result of claims, so agencies who serviced</p> <p>17 people with substance use disorders fund --</p> <p>18 funded -- billed us for whatever diagnosis they</p> <p>19 were treating. So this is reflective of more</p> <p>20 people with substance use disorders, with</p> <p>21 opiate-related disorders coming through our</p> <p>22 system.</p> <p>23 Q. And were people with substance</p> <p>24 abuse disorders for other substances, was that</p> <p>25 number going down as the number for -- of</p>
<p style="text-align: right;">Page 211</p> <p>1 funds from areas -- other areas existing in</p> <p>2 previous budgets, or did you find some</p> <p>3 additional kind of extraordinary funds above</p> <p>4 what you ordinarily would have for purposes of</p> <p>5 those additional expenditures?</p> <p>6 MS. KEARSE: Object to form.</p> <p>7 A. This reflects -- this reflects the</p> <p>8 treatment costs for people with opiate use</p> <p>9 disorder. So if in 2015 I served more people</p> <p>10 with alcohol use disorders, and in '16 I served</p> <p>11 fewer people with alcohol use disorders, it's</p> <p>12 possible that some of those funds would have</p> <p>13 gone towards opiate use disorder.</p> <p>14 Q. Right.</p> <p>15 A. So -- so it could be the same funds</p> <p>16 that we had already allocated that were just</p> <p>17 used by people with different diseases. But</p> <p>18 there were -- there were also some additional</p> <p>19 investments in building out capacity for</p> <p>20 services.</p> <p>21 Q. Okay. So I got the first part of</p> <p>22 your answer. The second part where you</p> <p>23 referred to building out additional capacity,</p> <p>24 what do you mean by that?</p> <p>25 A. Our -- our agencies, in particular</p>	<p style="text-align: right;">Page 213</p> <p>1 individuals with opioid use disorders went up?</p> <p>2 A. I don't know if the incidences of</p> <p>3 those disorders were going down, but the</p> <p>4 opportunity to serve those individuals may have</p> <p>5 been diminished because the capacity was</p> <p>6 being -- the demand for services was being --</p> <p>7 was being -- was more focused on -- was by</p> <p>8 individuals with opiate use disorders.</p> <p>9 Q. Okay. So with respect to the</p> <p>10 difference between 2008 -- and I think that</p> <p>11 it's supposed to say 2009 on this chart, but</p> <p>12 that's probably a typo; is that right?</p> <p>13 You see on the chart it says 2006,</p> <p>14 2007, then there's an increase in 2008?</p> <p>15 A. That would be reasonable.</p> <p>16 Q. Do you see that?</p> <p>17 A. Yes.</p> <p>18 Q. And then there was an increase in</p> <p>19 2009?</p> <p>20 A. Uh-huh.</p> <p>21 Q. Between 2008 and 2009, how is --</p> <p>22 how did the ADAMHS Board go about covering the</p> <p>23 additional costs for opioid use disorder</p> <p>24 treatment?</p> <p>25 A. Well, there are two ways that we</p>

<p style="text-align: right;">Page 214</p> <p>1 would be able to do that. One is by allocating 2 more funds towards agencies to build more 3 capacity, and the other way for us to do that 4 is -- is to serve more people with that 5 disorder. 6 Q. Has the ADAMHS Board ever asked the 7 citizens of Summit County to pass a levy that 8 would generate more funds than it already does 9 in connection with the opioid epidemic in 10 Summit County? 11 A. Your question is not clear to me. 12 Q. Let me try it again. 13 A. Okay. 14 Q. Have you or anybody else at the 15 ADAMHS Board ever proposed to the public 16 overall or to other people within county 17 government that the ADAMHS levy that you use in 18 large part to cover your expenditures should be 19 increased in order to generate additional funds 20 available to you to spend specifically on the 21 opioid epidemic in the county? 22 MS. KEARSE: Object to form. 23 A. We did not. We did not. 24 Q. Have you ever done that? 25 A. No, we have never done that.</p>	<p style="text-align: right;">Page 216</p> <p>1 When you talk about aggregate data, 2 what do you mean by that? 3 A. We can run reports with specific 4 queries that would identify individuals that 5 carried a specific diagnosis that would give 6 them that information. 7 Q. Where is the aggregation of the 8 data stored right now? 9 A. Our -- our claims -- our claims 10 system serves also as a -- as a database, and 11 we run reports against that. 12 Q. Okay. Going back just for a moment 13 to the ADAMHS levy that we discussed, you 14 indicated you've not requested that the ADAMHS 15 levy be adjusted in order to specifically 16 address the opioid epidemic in the county, 17 right? 18 A. That's correct. 19 Q. So the amount of funds available to 20 the ADAMHS Board, setting aside how the funds 21 get spent, would be the same regardless of the 22 existence or non-existence of the opioid 23 epidemic, correct? 24 MS. KEARSE: Object to form. 25 A. So the last time we had an</p>
<p style="text-align: right;">Page 215</p> <p>1 Q. With respect to the claims data 2 that you referred to, do you know if the ADAMHS 3 county claims data that you and Ms. Peivich 4 have used to perform these computations have 5 been provided to lawyers in the litigation? 6 They've been collected? 7 A. We've provided information to the 8 attorneys, yes. 9 Q. Well, you said you've provided 10 information -- 11 A. Yes. 12 Q. -- but I -- I didn't ask you 13 generically about information. 14 A. Okay. 15 Q. My question is specific to the 16 claims data. Have you provided the specific 17 underlying claims data that inform your 18 computations here on the third page of Exhibit 19 15 to the lawyers in the case? 20 A. I don't know specifically. I know 21 that we -- I know that we provided information 22 that was de-identified and -- and some 23 aggregate data, but I don't believe that we 24 provided actual claims. 25 Q. Not the actual claims data.</p>	<p style="text-align: right;">Page 217</p> <p>1 opportunity to go to the taxpayers and ask for 2 more money was in 2013, which was the year 3 before Medicaid expansion was scheduled to 4 occur. So, no, we did not ask the county 5 taxpayers for additional funds because we 6 already knew that with Medicaid expansion, that 7 there would be money freed up in order for us 8 to direct those funds towards system 9 priorities. 10 Q. Great. That's helpful. Thank you. 11 MR. BOEHM: Mr. Court Reporter, 12 would you mind just going back up to my 13 question? 14 Q. I -- I -- I would just like you to 15 hear my question again one more time -- 16 A. Okay. 17 Q. -- the last question -- 18 A. Sure. 19 Q. -- and see if that helps you. 20 Okay. Notwithstanding the 21 circumstances of the 2003 -- I'm sorry -- 2013 22 levy vote, is it true that the ADAMHS levy 23 would generate the same amount of revenue for 24 the ADAMHS Board in Summit County as it's 25 currently constituted, regardless of the</p>

<p style="text-align: right;">Page 218</p> <p>1 existence or the non-existence of the opioid 2 epidemic? 3 MS. KEARSE: Object to form. 4 Q. Does my question make sense to you? 5 I'm happy to try again if that doesn't make 6 sense. 7 A. You might want to try one more 8 time, because I think I know what you're 9 asking, but I'm not sure. 10 Q. I think you probably do, too. I'm 11 just trying to make sure I understand the way 12 the levy works. 13 So the levy -- the ADAMHS levy 14 funds that are available to the ADAMHS Board to 15 spend for whatever purposes you decide to spend 16 them on have not changed in terms of the total 17 amount of the revenue generated by that levy 18 because of the existence of an opioid epidemic 19 in the county; is that right? 20 MS. KEARSE: Object to form. 21 A. So the amount of money collected 22 through our levy has changed, but not as a 23 result of the opiate epidemic. 24 Q. Okay. And when you say it has 25 changed, you mean because of the Medicaid</p>	<p style="text-align: right;">Page 220</p> <p>1 MS. KEARSE: I just don't want you 2 to guess. I just don't want guessing. 3 Go ahead. 4 Q. Have you read the report that the 5 governor's Ohio Prescription Drug Abuse Task 6 Force prepared in 2010? 7 A. I may have looked at it. I don't 8 know that I've read it through completely. 9 Q. You indicated earlier today that 10 when you present to the community and to other 11 individuals about the opioid epidemic in Summit 12 County, it's important for you to describe what 13 you believe to be the contributing factors to 14 the epidemic, correct? 15 A. Yes. 16 Q. Do you recall that the governor's 17 task force on Ohio prescription drug abuse 18 included a section on what that task force 19 concluded were the causes of the epidemic in 20 Ohio? 21 MS. KEARSE: Object to form. 22 A. I -- I could not say that I -- I 23 know that. 24 Q. Do you remember when you last 25 looked at the Ohio Prescription Drug Abuse Task</p>
<p style="text-align: right;">Page 219</p> <p>1 expansion? 2 A. Because there are certain taxes 3 that were collected that are no longer being 4 collected because of some changes that were 5 made in the legislature. Tangible personal 6 property tax, that sort of thing. 7 Q. Got it. 8 And that's independent of the 9 existence of an opioid epidemic in the county, 10 right? 11 MS. KEARSE: Object to form. 12 A. That's correct. 13 Q. Okay. Let's move along to the next 14 document. 15 Do you recall that in 2010 Governor 16 Ted Strickland formed an Ohio Prescription Drug 17 Abuse Task Force? 18 A. Yes. I'm -- I'm familiar that the 19 governor formed the Opiate Task Force. I 20 don't -- I'm not sure that I could stipulate to 21 the date, but I certainly accept that. 22 Q. Do you recall that -- 23 MS. KEARSE: Object to form. 24 MR. BOEHM: Are you objecting to 25 the form of the answer?</p>	<p style="text-align: right;">Page 221</p> <p>1 Force report from October 2010? 2 MS. KEARSE: Just first is -- 3 Counsel, I would ask that you show the exhibit 4 to him so -- 5 MR. BOEHM: I'm hand- -- 6 MS. KEARSE: Okay. 7 MR. BOEHM: I think you saw me 8 handing it to him as you were saying that. 9 MS. KEARSE: Okay. Well, you 10 usually hand it before if you're going to ask 11 him if he's ever saw this before. 12 MR. BOEHM: I think I had a 13 question pending, too. 14 Q. Do you remember when you last 15 looked at the Ohio Prescription Drug Abuse Task 16 Force report from October 2010? 17 MS. KEARSE: Object to form. Lack 18 of foundation. 19 A. As -- as I'm looking at this now, I 20 don't have a recollection of having reviewed 21 this. 22 Q. You don't know if you've ever 23 looked at this? 24 A. I don't know that I've ever looked 25 at this.</p>

<p style="text-align: right;">Page 222</p> <p>1 Q. Doesn't ring a bell?</p> <p>2 A. I just don't recall.</p> <p>3 Q. But you indicated that you did know</p> <p>4 that Governor Strickland had in fact formed an</p> <p>5 Ohio Prescription Drug Abuse Task Force, right?</p> <p>6 A. Yes, I do. I was aware of that.</p> <p>7 Q. Did you ever take interest in what</p> <p>8 the conclusions of the task force were?</p> <p>9 MS. KEARSE: Object to form.</p> <p>10 A. Did I ever -- I'm sorry. Could you</p> <p>11 repeat that?</p> <p>12 Q. Sure. Did you ever take interest</p> <p>13 in what the conclusions of the Ohio</p> <p>14 Prescription Drug Abuse Task Force were?</p> <p>15 A. I don't -- I -- like I said, I</p> <p>16 don't know that I've ever seen this document or</p> <p>17 read this document, so I don't know.</p> <p>18 Q. But that's not my question, just</p> <p>19 to -- just to be clear. And I'm not arguing --</p> <p>20 A. Okay.</p> <p>21 Q. -- with you, I just want to make</p> <p>22 sure you understand my question.</p> <p>23 You indicated you knew that this</p> <p>24 task force had been formed --</p> <p>25 A. Yes.</p>	<p style="text-align: right;">Page 224</p> <p>1 - - - - -</p> <p>2 Q. All right. I'm going to direct</p> <p>3 your attention to a section of this report</p> <p>4 entitled "How Did This Become an Epidemic?"</p> <p>5 It's on page 21.</p> <p>6 Do you see in the bottom half of</p> <p>7 page 21 of this report, which is now Exhibit 16</p> <p>8 for your deposition, this graphic --</p> <p>9 A. Yes.</p> <p>10 Q. -- that has a large circle in the</p> <p>11 middle. It says "Epidemic" --</p> <p>12 A. Yes.</p> <p>13 Q. -- right?</p> <p>14 And then it has various boxes with</p> <p>15 inputs into the epidemic.</p> <p>16 A. Yes.</p> <p>17 Q. Do you see that?</p> <p>18 Have you seen this graphic or</p> <p>19 similar graphics before?</p> <p>20 A. This is the graphic that we use in</p> <p>21 our literature and in our -- our presentations</p> <p>22 through the Opiate Task Force.</p> <p>23 Q. And when you say "we," you mean the</p> <p>24 Summit County ADAMHS Board?</p> <p>25 A. The Summit County Opiate Task</p>
<p style="text-align: right;">Page 223</p> <p>1 Q. -- right?</p> <p>2 And so my question to you is simply</p> <p>3 whether or not you ever took an interest in</p> <p>4 what the conclusions of this task force ended</p> <p>5 up being.</p> <p>6 MS. KEARSE: Object to form.</p> <p>7 A. I wasn't aware that there were</p> <p>8 recommendations that came out of this, so I</p> <p>9 don't know that I took an interest in them,</p> <p>10 because I didn't -- wasn't aware of anything</p> <p>11 that I needed to take an interest in.</p> <p>12 Q. Is it fair to say that before this</p> <p>13 moment you didn't know that the Ohio</p> <p>14 Prescription Drug Abuse Task Force had in fact</p> <p>15 issued a report about the prescription opioid</p> <p>16 epidemic in Ohio back in October 2010?</p> <p>17 A. I'm not -- I -- I don't have a</p> <p>18 recollection of this.</p> <p>19 - - - - -</p> <p>20 (Thereupon, Deposition Exhibit 16,</p> <p>21 10/1/2010 Document Titled "Ohio</p> <p>22 Prescription Drug Abuse Task Force:</p> <p>23 Final Report Task Force</p> <p>24 Recommendations, was marked for</p> <p>25 purposes of identification.)</p>	<p style="text-align: right;">Page 225</p> <p>1 Force.</p> <p>2 Q. And this is something that you have</p> <p>3 used yourself in your own presentations about</p> <p>4 the Summit County opioid epidemic, right?</p> <p>5 A. Yes.</p> <p>6 Q. Did you know that you were using a</p> <p>7 graphic that came from the October 2010 report</p> <p>8 from the Ohio Prescription Drug Abuse Task</p> <p>9 Force?</p> <p>10 A. I was not aware of the source.</p> <p>11 Q. For those presentations, do you</p> <p>12 prepare your own slides?</p> <p>13 A. I --</p> <p>14 Q. My question should be a little bit</p> <p>15 more clear.</p> <p>16 For the presentations that you have</p> <p>17 referred to making to the community and to</p> <p>18 others in Summit County, are those slide decks</p> <p>19 that you prepare yourself, or does somebody do</p> <p>20 that on your behalf?</p> <p>21 A. Both. Typically, our Opiate Task</p> <p>22 Force, their speakers bureau has created a</p> <p>23 PowerPoint deck, and I customize that for my</p> <p>24 presentations.</p> <p>25 Q. Okay. So I know you're familiar</p>

<p style="text-align: right;">Page 226</p> <p>1 with this graphic because it's in your own 2 presentations, but let's just look at it 3 together quickly, if we could. 4 You see it lists three reasons or 5 causes for why there's an opioid epidemic. Do 6 you see that? 7 A. Yes. 8 Q. It says, "Changes in clinical pain 9 management, aggressive marketing, growing use 10 of prescription opioids, direct-to-consumer 11 marketing, diversion, and self-medicating 12 habits of baby boomers." 13 Do you see that? 14 A. I see that. 15 Q. Do you agree with the causes of the 16 opioid abuse epidemic stated in this graphic, 17 this section, "How Did This Become an 18 Epidemic" -- 19 MS. KEARSE: Object to form. 20 Q. -- of the Ohio Prescription Drug 21 Abuse Task Force final report from October 1, 22 2010, insofar as the epidemic has impacted 23 Summit County? 24 MS. KEARSE: Object to form. 25 Misstates what the document states.</p>	<p style="text-align: right;">Page 228</p> <p>1 epidemic in Summit County? 2 A. Well, I know even from personal 3 experience when I go to visit my doctor's 4 office, I'm asked to rate my pain on -- on the 5 basis of a scale of 1 to 10. 6 I know that I'm now -- I'm now 7 asked -- or I'm aware that patients are asked, 8 "How would you rate the management of your 9 pain?" in some of the patient satisfaction 10 surveys. 11 I know that the hospitals and 12 medical practitioners that I interact with have 13 reported to me that their -- they have -- that 14 the ratings -- sometimes the ratings of the 15 hospitals are contingent on their prescribing 16 practices. 17 Q. How do you believe those changes in 18 clinical pain -- well, let me actually back up 19 one step. How -- in what way are those 20 reflective of changes in clinical pain 21 management? 22 A. I think -- I think that there was 23 less attention paid to -- to pain in -- in the 24 past. That many times -- and I'm also aware 25 of -- of some studies that have been published</p>
<p style="text-align: right;">Page 227</p> <p>1 A. You -- you went a couple different 2 places with that. 3 I can respond by saying I -- I 4 believe that each of these are factors in -- in 5 why we have the problem we have today. 6 Q. You agree that all of the factors 7 listed here in this graphic are contributing 8 factors in how an opioid epidemic occurred in 9 Ohio, right? 10 A. Yes. 11 Q. And do you believe that those are 12 factors that explain the opioid epidemic in 13 Summit County? 14 A. I believe that these are all 15 factors that contributed to the -- the problems 16 that we faced in Summit County. 17 Q. Okay. I want to just very quickly 18 go through each one to make sure I understand 19 your view on them. 20 The first one, if you turn to page 21 22, is "Changes in clinical pain management." 22 Do you see that? 23 A. Yes. 24 Q. In what way do you believe changes 25 in clinical pain management caused an opioid</p>	<p style="text-align: right;">Page 229</p> <p>1 that have indicated that pain was under -- 2 undertreated in emergency departments and in 3 other medical settings. 4 Q. Do you disagree with the 5 conclusions of health care professionals and 6 scientists who have concluded that pain was 7 undertreated? 8 MS. KEARSE: Object to form. 9 A. I don't -- I don't really know. 10 Again, these are -- these are studies and 11 information that I've run across, and -- and 12 I have no reason to doubt them. 13 Q. In what way do you believe that the 14 changes in clinical pain management, as you've 15 described them in the form of pain ratings and 16 patient satisfaction surveys and so on, have 17 contributed to the opioid epidemic in Summit 18 County? 19 In other words, you've described 20 some changes, and why do you think that those 21 have, at least in part, caused the epidemic 22 that we're discussing? 23 MS. KEARSE: Object to form. 24 A. I think -- I think they've 25 contributed to the epidemic in the sense that</p>

<p style="text-align: right;">Page 230</p> <p>1 when -- when doctors prescribe more opiates 2 than they have in the past, that -- and in 3 particular to -- to patients, that -- that 4 there's more -- there are more medications out 5 in the community. And individuals who go 6 through -- who -- who tend -- who visit their 7 doctors and they bring home a prescription and 8 they don't finish it, those meds are left 9 subject to diversion. 10 Q. Okay. Yeah. We're going to come 11 back to that point. 12 The next thing on the lists is 13 "Aggressive marketing." Do you see that? 14 A. I do see that. 15 Q. In what way do you believe 16 aggressive marketing of opioids by 17 pharmaceutical companies has contributed to the 18 opioid epidemic in Summit County? 19 A. I think in general, my -- my 20 experience has been that -- that in our -- in 21 our physician practices within our agencies, 22 even going back to my days at Community Support 23 Services, that the pharmaceutical sales 24 representatives were typically present and 25 sometimes very aggressive in their -- in the</p>	<p style="text-align: right;">Page 232</p> <p>1 Do you see that? 2 A. I do see that. 3 Q. Do you agree that the growing use 4 of prescription opioids has been a contributing 5 factor to the opioid epidemic in Summit County? 6 A. Yes, I do. 7 Q. Can you describe in what way you 8 believe that the growing use of prescription 9 opioids has contributed to the opioid epidemic 10 in Summit County? 11 A. I believe that -- that when we look 12 at the data that comes from the Ohio 13 prescription reporting system, that you look at 14 the sheer number of opiates that are prescribed 15 per capita is -- is stunning -- is stunning, 16 and that to a reasonable person, you can look 17 at those numbers and really wonder how could 18 anybody use that number of medications. 19 Q. Okay. And in what way do you 20 believe that the growth in use of prescription 21 opioids has contributed specifically to the 22 opioid epidemic in Summit County? 23 A. Because there were oppor- -- 24 because -- because there were opportunities for 25 people to get their hands on medications that</p>
<p style="text-align: right;">Page 231</p> <p>1 promotion of medications; therefore, as I -- as 2 I hear more and more about this, I -- I would 3 tend to believe that. 4 Q. Do you know of any specific 5 instances where a representative of a 6 pharmaceutical company that makes prescription 7 opioids was overly aggressive with a health 8 care provider in Summit County? 9 A. No. 10 Q. Are you aware of any instances 11 where a representative of a pharmaceutical 12 company that makes prescription opioids 13 provided false information to a health -- 14 health care provider in Summit County? 15 MS. KEARSE: Object to form. 16 A. I'm not aware of any. 17 Q. Are you aware of any instance of a 18 representative of a pharmaceutical company who 19 makes prescription opioids giving information 20 to a health care provider that is inconsistent 21 with the FDA-approved package insert for that 22 medication in Summit County? 23 A. I am not aware of any instances. 24 Q. All right. The third thing on the 25 list is "Growing use of prescription opioids."</p>	<p style="text-align: right;">Page 233</p> <p>1 either weren't prescribed for them, or that 2 because those medications were -- were 3 potentially overprescribed to individuals, that 4 there was an opportunity for some level of 5 abuse that led to addiction. 6 And also that -- that when we 7 started to see a reduction in the availability 8 of prescription pain medications, that we saw 9 the illicit drug business pick up. And that's 10 when we started to see more and more of the 11 fatal overdoses. 12 Q. I think in part you might be 13 talking also about diversion. Is that fair? 14 A. Sure. 15 Q. Okay. And that's also on -- 16 A. It's all connec- -- it's all 17 connected. 18 Q. Yeah. That's also on this list. I 19 was just about to make that point. 20 Do you see the "Diversion" -- if we 21 skip over "Direct-to-consumer," we'll come back 22 to it. 23 If you go to page 24, "Diversion" 24 is on the list, and you started to talk about 25 that, so let's do that next. Fair?</p>

<p style="text-align: right;">Page 234</p> <p>1 A. Sure.</p> <p>2 Q. In what way do you believe that</p> <p>3 diversion of prescription opioids has impacted</p> <p>4 the opioid epidemic in Summit County?</p> <p>5 A. I know that there have been</p> <p>6 newspaper stories and -- and others where</p> <p>7 individuals are picked up by police officers</p> <p>8 and found with medications that they could</p> <p>9 not -- that they couldn't demonstrate belonged</p> <p>10 to them.</p> <p>11 There were -- there are lots of</p> <p>12 situations, and again anecdotally, where</p> <p>13 stories that we've -- that we've been -- that</p> <p>14 have been shared with us about people breaking</p> <p>15 into homes, into nursing homes stealing</p> <p>16 medications, employees of hospitals and other</p> <p>17 places.</p> <p>18 And there was a big -- there was a</p> <p>19 big effort on the part of our task force to</p> <p>20 make sure that we took these extra medications</p> <p>21 out of the homes of these individuals,</p> <p>22 particularly people experiencing end-of-life</p> <p>23 issues and things like that.</p> <p>24 I'm also aware of people sharing</p> <p>25 medications in social settings. You know,</p>	<p style="text-align: right;">Page 236</p> <p>1 Q. And -- and is it your understanding</p> <p>2 that all of the forms of diversion that you</p> <p>3 identified here today are forms of diversion</p> <p>4 that have occurred in Summit County?</p> <p>5 A. I think that's a reasonable...</p> <p>6 Q. Okay. We skipped over one. I just</p> <p>7 want to quickly go back to it. It's on page</p> <p>8 23, "Direct-to-consumer marketing of</p> <p>9 pharmaceuticals."</p> <p>10 Do you see that?</p> <p>11 A. I do see that.</p> <p>12 Q. There's a reference to a</p> <p>13 philosophical shift, right? And I think that</p> <p>14 has to do with the direct-to-consumer piece of</p> <p>15 it?</p> <p>16 A. Yes.</p> <p>17 Q. Okay. Can you explain to -- do you</p> <p>18 agree that direct-to-consumer marketing of</p> <p>19 pharmaceuticals has in some way contributed to</p> <p>20 the opioid epidemic in Summit County?</p> <p>21 A. Yes, I do.</p> <p>22 Q. How so?</p> <p>23 A. I think any time that we encourage</p> <p>24 people to ask their doctors or -- or sort of</p> <p>25 practice medicine themselves by asking for a</p>
<p style="text-align: right;">Page 235</p> <p>1 somebody has a headache, and somebody has an</p> <p>2 opiate medication and -- and offers one to</p> <p>3 somebody. That's not unusual to happen. I've</p> <p>4 witnessed it myself.</p> <p>5 So all of those things, I think,</p> <p>6 have gone towards contributing to the problem.</p> <p>7 Q. Of all of the forms of diversion</p> <p>8 that you just identified, are they all things</p> <p>9 that have happened in Summit County and</p> <p>10 contributed to the opioid epidemic here?</p> <p>11 A. I have not witnessed all of those</p> <p>12 things in Summit County, so I can -- I have no</p> <p>13 doubt that those things have all happened in</p> <p>14 Summit County.</p> <p>15 Q. Yeah. Right. And -- and we talked</p> <p>16 earlier today about how as head of the ADAMHS</p> <p>17 Board you considered one of your duties and</p> <p>18 responsibilities to understand the causes of</p> <p>19 this health epidemic that the county is facing,</p> <p>20 right?</p> <p>21 MS. KEARSE: Object to form.</p> <p>22 A. Yes, I have.</p> <p>23 Q. And so whether you've seen it or</p> <p>24 not, you've looked into the causes, right?</p> <p>25 A. Yes.</p>	<p style="text-align: right;">Page 237</p> <p>1 drug by name, it's -- it puts pressure on the</p> <p>2 physicians. It -- it creates an expectation</p> <p>3 that -- that again puts pressure on the medical</p> <p>4 system to meet that person's needs.</p> <p>5 Q. Are you aware of any specific</p> <p>6 instances where a Summit County health care</p> <p>7 provider has prescribed an opioid medication to</p> <p>8 a patient for something other than a legitimate</p> <p>9 medical need?</p> <p>10 MS. KEARSE: Object to form.</p> <p>11 A. A specific instance of -- I know</p> <p>12 that there have been pill mills that have been</p> <p>13 shut down in Summit County, several.</p> <p>14 Q. What are the -- can you describe</p> <p>15 your understanding of what a pill mill is?</p> <p>16 A. These are individuals who've been</p> <p>17 investigated and arrested because they --</p> <p>18 because they were alleged to have sold large</p> <p>19 quantities or prescribed large quantities of</p> <p>20 opiate medications.</p> <p>21 Q. Yeah. That's illegal, right?</p> <p>22 A. That is illegal.</p> <p>23 Q. And when you were talking about</p> <p>24 diversion of opioids, which is a control- --</p> <p>25 which are controlled substances, that's also</p>

<p style="text-align: right;">Page 238</p> <p>1 illegal, right?</p> <p>2 A. Yes --</p> <p>3 MS. KEARSE: Object to form.</p> <p>4 A. Yes, it is.</p> <p>5 Q. You indicated that you personally</p> <p>6 had seen somebody offer a prescription opioid</p> <p>7 that was not prescribed to the person to whom</p> <p>8 it was being offered. What was the</p> <p>9 circumstance that you're describing?</p> <p>10 A. Sitting in the bleachers watching a</p> <p>11 sporting event, conversation -- very casual</p> <p>12 conversation between two other parents.</p> <p>13 Q. And what did you hear?</p> <p>14 A. Essentially, one individual talking</p> <p>15 about a headache, and another person -- or some</p> <p>16 sort of ache. And I don't -- I don't recall</p> <p>17 the exact scenario, but, essentially, it was --</p> <p>18 what struck me was the fact that somebody</p> <p>19 wanted to take medication out of their purse</p> <p>20 that was prescribed for them and offer it to</p> <p>21 someone else.</p> <p>22 Q. Do you know if the medication that</p> <p>23 was being discussed in that circumstance was a</p> <p>24 prescription opioid medication?</p> <p>25 A. I believe it was, yes.</p>	<p style="text-align: right;">Page 240</p> <p>1 enculturate our population with a sense that if</p> <p>2 I have a problem, there's got to be a pill that</p> <p>3 addresses it, and that we should not experience</p> <p>4 pain of any sort.</p> <p>5 And I think that as we look more</p> <p>6 and more at the -- all these different causes,</p> <p>7 all of that's created a -- a sense from</p> <p>8 individuals in our communities that they should</p> <p>9 just seek medications and medications will fix</p> <p>10 it.</p> <p>11 Q. So you're kind of referring to,</p> <p>12 like, a cultural mindset, if I understand you</p> <p>13 correctly. Is that fair?</p> <p>14 A. That's what I said, yeah.</p> <p>15 Q. And is it your view that that</p> <p>16 cultural mindset, at least to some extent,</p> <p>17 accounts for the opioid epidemic here in Summit</p> <p>18 County?</p> <p>19 A. It's a contributing factor.</p> <p>20 Q. Very quickly going back to</p> <p>21 direct-to-consumer marketing of pharmaceuticals</p> <p>22 that's described in greater depth on page 23,</p> <p>23 are you aware of any particular</p> <p>24 direct-to-consumer marketing of prescription</p> <p>25 opioids that has occurred in Summit County?</p>
<p style="text-align: right;">Page 239</p> <p>1 Q. You heard them identify the</p> <p>2 medicine by name?</p> <p>3 A. Yes.</p> <p>4 Q. Did you do anything?</p> <p>5 A. I didn't do a citizen's arrest or</p> <p>6 anything, no.</p> <p>7 Q. Or even make any remark?</p> <p>8 A. I didn't report them. I didn't</p> <p>9 report them, and I did not -- no. No, I did</p> <p>10 not.</p> <p>11 Q. Okay. The one thing that doesn't</p> <p>12 get separately listed in this section but is on</p> <p>13 that chart --</p> <p>14 A. Uh-huh.</p> <p>15 Q. -- that chart is "Self-medicating</p> <p>16 habits of baby boomers."</p> <p>17 Do you see that?</p> <p>18 A. Yes.</p> <p>19 Q. Do you know what that refers to?</p> <p>20 A. Well, I think it -- like you said</p> <p>21 before, all of this sort of works together, so</p> <p>22 when you -- when you have direct-to-market --</p> <p>23 direct-to-consumer marketing, you create an</p> <p>24 expectation that there's a pill for everything</p> <p>25 that ill's you. And so I think that we begin to</p>	<p style="text-align: right;">Page 241</p> <p>1 A. I'm not -- no. Not -- not -- I'm</p> <p>2 not recalling any.</p> <p>3 Q. When -- when you -- in your</p> <p>4 presentations and discussions with people about</p> <p>5 the causes of the opioid epidemic, when you</p> <p>6 discuss direct-to-consumer marketing of</p> <p>7 pharmaceuticals, do you mean to include</p> <p>8 direct-to-consumer marketing of pharmaceuticals</p> <p>9 overall, or do you mean direct-to-consumer</p> <p>10 marketing specifically of prescription opioids?</p> <p>11 MS. KEARSE: Object to form.</p> <p>12 A. I'm speaking in a general sense. I</p> <p>13 think that the direct-to-consumer marketing of</p> <p>14 pharmaceuticals in and of itself creates an</p> <p>15 expectation, irrespective of the -- the drug</p> <p>16 that's being marketed, that individuals should</p> <p>17 be asking for their -- the drugs that they want</p> <p>18 by name.</p> <p>19 Q. Okay. So we've gone through the</p> <p>20 factors that are identified here in this report</p> <p>21 in the section entitled "How Did This Become an</p> <p>22 Epidemic?" And I want to ask you, in your view</p> <p>23 are there any factors that have contributed to</p> <p>24 the opioid epidemic in Summit County, in your</p> <p>25 opinion, that are not identified in this</p>

<p style="text-align: right;">Page 242</p> <p>1 section of the October 1, 2010, report from the 2 Ohio Prescription Drug Abuse Task Force? 3 MS. KEARSE: Object to the form. 4 A. Are there other factors that are 5 not listed here? Sure. 6 Q. What -- what are the other factors, 7 in your view, not identified in the section of 8 the report that we've been discussing that have 9 contributed to the opioid epidemic in Summit 10 County? 11 A. I think that when -- like I said 12 before, when some of the pill mills were shut 13 down, when some of the pain management clinics 14 lose a physician, often people are left to seek 15 substances to avoid withdrawal and will often 16 go to street drugs. 17 Q. Okay. Do you see that as a factor 18 that's separate and apart from the ones we've 19 already been discussing? 20 A. I don't know what you mean by 21 "separate and apart." I think they're -- 22 they're -- those are other contributing 23 factors. 24 Q. Okay. So your understanding is 25 that one contributing factor to the opioid</p>	<p style="text-align: right;">Page 244</p> <p>1 rate patients' satisfaction and attach that to 2 their -- attach that to the reimbursements the 3 hospitals receive. Yes, I'm aware of that. 4 Q. Can you tell us in what way those 5 accrediting guidelines or prescribing 6 guidelines from medical organizations or 7 accrediting bodies have, in your view, 8 contributed to the opioid epidemic in Summit 9 County? 10 MS. KEARSE: Object to form. 11 A. I think that physicians feel 12 pressured by their health care organizations to 13 be more liberal with the number of opiates that 14 they prescribe as a result of pressures that 15 they feel from the certification standards. 16 Q. Have you ever heard of the concept 17 of treating pain as the fifth vital sign? 18 A. Yes, I have. 19 Q. Do you know if any medical 20 organizations or accrediting bodies have 21 endorsed the concept of treating pain as a 22 fifth vital sign? 23 A. I'm not aware of the specific -- 24 I've -- the -- the term is very familiar to me. 25 I know that it was something that medical</p>
<p style="text-align: right;">Page 243</p> <p>1 epidemic in Summit County is that some people 2 move from one kind of opioid to a different 3 kind of opioid? 4 A. Yes. When -- once they're -- once 5 they're dependent on a prescription pain 6 medication, for example, and that prescription 7 pain medication is not available, they build up 8 a tolerance and they need more and more, that 9 oftentimes they will gravitate towards 10 something that's a little more potent, and 11 often that is street medications -- street -- 12 street drugs, I mean. 13 Q. Okay. Are there any other factors 14 that we've not discussed that in your view have 15 contributed to the opioid epidemic in Summit 16 County? 17 A. None -- none that occur to me right 18 off the top of my head. 19 Q. Okay. Do you believe that any 20 medical organizations or accrediting bodies are 21 responsible for the opioid epidemic in Summit 22 County? 23 A. So you're -- you're referring to 24 JCHO or some of the other standard -- 25 certification standards for hospitals that will</p>	<p style="text-align: right;">Page 245</p> <p>1 schools were promoting and -- or -- or 2 teaching, I guess would be the better way of 3 putting it, but I don't know the origin of 4 that. 5 Q. Do you know what it means to treat 6 pain as the fifth vital sign, based on the 7 research and investigation you've done to try 8 and understand the epidemic? 9 A. I know what the intent is. I don't 10 know what the meaning is. Because when you 11 look at the vital signs, the absence of pain is 12 not necessarily, in my mind, a vital sign, 13 or -- or pain itself is not necessarily a vital 14 sign. To hurt means that you live. I don't 15 know that that's the case, but. 16 Q. Okay. You -- you indicated that 17 the Joint Commission had adopted treating pain 18 as a fifth vital sign? Did I hear you right? 19 A. Yes. 20 Q. And do you know that the Veterans 21 Administration also adopted and promoted the 22 treatment of pain as, quote, "the fifth vital 23 sign"? 24 MS. KEARSE: Object to form. 25 A. I don't -- I don't know the details</p>

<p style="text-align: right;">Page 246</p> <p>1 of that. I know that the -- the study came out 2 of the Kaiser Foundation, and I believe the -- 3 the VA had a significant role in that as well. 4 So it doesn't surprise me that the VA also has 5 that standard. 6 Q. For those who may not be entirely 7 familiar with the Joint Commission, can you 8 describe your understanding of what that entity 9 is and what it does? 10 A. The Joint Commission looks at all 11 aspects of health care and establishes specific 12 standards of care and treatment. Everything 13 from the environment of care all the way 14 through the practices of the individuals. 15 Q. Is it your view that the Joint 16 Commissions and the Veteran Administrations and 17 potentially other organizations' adoption of 18 treating pain as the fifth vital sign has 19 contributed to the opioid epidemic in Summit 20 County? 21 MS. KEARSE: Object to form. 22 A. Yes, I would say that they have -- 23 that they've made a contribution to the problem 24 we have today. 25 Q. In what way?</p>	<p style="text-align: right;">Page 248</p> <p>1 recommendation? 2 MS. KEARSE: Object to form. 3 A. I don't know. I've not seen the 4 study. 5 Q. Okay. Let me ask you this 6 question. 7 Do -- do you have a view as to 8 whether or not the health care professionals at 9 the Joint Commission, the Veterans 10 Administration, or other entities that adopted 11 the concept of treating pain as the fifth vital 12 sign were exercising what at the time was their 13 best medical judgment? 14 MS. KEARSE: Object to form. 15 A. Do I believe that they were 16 exercising what is their best medical judgment? 17 Q. At that time. 18 A. I don't -- I don't know what 19 their -- I don't know what their objective was. 20 I think that -- that I can't -- I -- I can't -- 21 I can't assign their motives. 22 Q. Do you have any reason to believe 23 that the health care professionals at the Joint 24 Commission, the Veterans Administration, or any 25 other medical organization that adopted and</p>
<p style="text-align: right;">Page 247</p> <p>1 A. That, again, it created a 2 disproportionate amount of attention on -- on 3 the management of pain. And the -- and the 4 message that physicians were receiving, by 5 their account, is that this is important. 6 "This is something we need to pay close 7 attention to." 8 Q. Do you know in what years the Joint 9 Commission, the Veterans Administration, or 10 other medical organizations adopted the concept 11 of treating pain as the fifth vital sign? 12 A. No, I don't. 13 Q. Do you know even the decade? 14 A. I believe it was in the '90s. 15 Q. Do you know who at the Joint 16 Commission or the Veterans Administration 17 performed the evaluation and arrived at the 18 recommendation -- 19 A. I've never -- 20 Q. -- to treat -- sorry -- to treat 21 pain as the fifth vital sign? 22 A. I've never seen the study, so, no, 23 I don't. 24 Q. Do you know whether doctors and 25 scientists were involved in that evaluation and</p>	<p style="text-align: right;">Page 249</p> <p>1 promoted treating pain as the fifth vital sign 2 did so for any reason other than the exercise 3 of what at the time was their best medical 4 judgment? 5 MS. KEARSE: Object to form. Asked 6 and answered, I believe. 7 A. I think that the -- there was an 8 interest in making sure that pain was 9 appropriately addressed in treatment. 10 MS. KEARSE: Is this a good time -- 11 Q. Do -- 12 MS. KEARSE: -- for a break? 13 I'm sorry. I didn't mean -- 14 MR. BOEHM: I'm almost done with a 15 section, if you don't mind. 16 MS. KEARSE: Okay. I thought you 17 were moving on. 18 MR. BOEHM: And then we can take a 19 break. 20 Q. And you indicated that treatment of 21 pain as a fifth vital sign was something that 22 was taught at medical schools in the United 23 States, right? 24 A. That's what I understand. 25 Q. Do you know when medical schools</p>

<p style="text-align: right;">Page 250</p> <p>1 started to instruct their students about 2 treating pain as a fifth vital sign? 3 A. No, I don't know when. 4 Q. Do you believe that licensed 5 physicians who prescribed -- I'm sorry. Let me 6 start over. 7 Do you believe that the licensed 8 physicians in the United States and in Summit 9 County who adopted the treatment of pain as the 10 fifth vital sign sincerely believed at the time 11 that doing so was medically appropriate -- 12 MS. KEARSE: Objection. 13 Q. -- and in the best interest of 14 their patients? 15 MS. KEARSE: Object to form. 16 A. Do I believe that they felt that 17 way? I suppose. I suppose that would be fair. 18 Q. Do you agree that the 19 undertreatment of pain was broadly recognized 20 by the medical community as a legitimate and 21 serious public health problem in the 1990s? 22 MS. KEARSE: Object to form. 23 A. Yes, I would say that they probably 24 thought that. 25 Q. Are you aware that the State of</p>	<p style="text-align: right;">Page 252</p> <p>1 was? 2 A. No. 3 MS. KEARSE: Object to form. 4 THE WITNESS: I'm sorry. 5 A. No. 6 Q. Have you ever heard of the Ohio 7 Compassionate Care Task Force? 8 A. Sounds familiar, but, no, I'm 9 not -- I don't have direct awareness of their 10 existence. 11 Q. Has the State of Ohio, Summit 12 County, or the ADAMHS Board -- well, let me -- 13 let me actually strike that and say it a 14 different way. 15 During the time that there had been 16 changes in clinical pain management, including 17 this adoption of treating pain as the fifth 18 vital sign, did Summit County or the ADAMHS 19 Board ever adopt or propose revised prescribing 20 guidelines for the use of prescription opioids? 21 MS. KEARSE: Object to form. 22 A. No. That would fall outside of 23 our -- of our scope of work. 24 Q. Why do you say that would fall 25 outside of your scope of work?</p>
<p style="text-align: right;">Page 251</p> <p>1 Ohio itself officially recognized that the 2 undertreatment of pain was a legitimate and 3 serious public health problem? 4 MS. KEARSE: Object to form. 5 A. Am I aware that the State had -- 6 I'm not aware that the State had, no. 7 Q. Have you ever heard of the 8 Intractable Pain Act of 1998? 9 A. It sounds familiar, but I don't 10 know that I would have any reason to -- to have 11 read that or -- or read about it. 12 Q. We can check, but I think it shows 13 up in some of the ADAMHS Board slide decks that 14 we'll look at. 15 A. Okay. 16 Q. Does -- does the Intractable Pain 17 Act of 1998 ring a bell for you? 18 MS. KEARSE: Object. Asked -- he 19 just answered the question and said he didn't 20 recall it, so. 21 A. It sounds familiar, but I don't 22 know that I'm familiar with the actual document 23 itself or the -- the act itself. 24 Q. Do you know enough to say what the 25 purpose of the Intractable Pain Act of 1998</p>	<p style="text-align: right;">Page 253</p> <p>1 A. Because we don't -- we don't get 2 into medical treatment. 3 Q. Who are the people who get into 4 medical treatment and that would be positioned 5 to -- to render recommendations along those 6 lines? 7 A. Practitioners. Medical 8 practitioners. 9 MR. BOEHM: All right. Now is a 10 fine time for a break if it works for you. 11 THE WITNESS: Okay. 12 THE VIDEOGRAPHER: Off the record, 13 3:03. 14 (A recess was taken.) 15 - - - - - 16 (Thereupon, Deposition Exhibit 17, 17 ADM Slide Deck Titled "Summit County 18 Opiate Task Force: Key Stakeholders 19 Meeting", was marked for purposes of 20 identification.) 21 - - - - - 22 THE VIDEOGRAPHER: On the record, 23 3:26. 24 BY MR. BOEHM: 25 Q. Okay. We're back after just a</p>

<p style="text-align: right;">Page 254</p> <p>1 short break. And I have marked the next 2 document as Exhibit 17. This is a slide deck 3 that has John Ellis's name on it. 4 Do you see that? 5 A. I do see that. 6 Q. And at the time of this 7 presentation, it appears that he was still the 8 manager of clinical services for the Summit 9 County ADAMHS Board, right? 10 A. Yes. 11 MR. BOEHM: I'll just state for the 12 record that this document was produced in 13 native format, and so that means that we don't 14 have that fancy little number in the corner. 15 THE WITNESS: Okay. 16 MR. BOEHM: So I'll just say for 17 the record that the natively produced file was 18 stamped SUMMIT_001110699. 19 Q. And I want to direct your attention 20 to -- I guess it would be the fourth slide in. 21 It's entitled "Other Dynamics Include." 22 Do you see that one? 23 A. Yes. 24 Q. And the fourth bullet point on this 25 particular slide states "Overprescribing equals</p>	<p style="text-align: right;">Page 256</p> <p>1 "overprescribing"? 2 A. Who decides? 3 Q. Yeah. 4 A. I think that's a -- a question 5 that -- I think that's a subjective question. 6 Q. When you say it's a subjective 7 question, you mean it's a subjective question 8 the analysis and decision of how much to 9 prescribe to a patient depends on the 10 particular patient and all the circumstances of 11 that situation; is that right? 12 A. That's one way of looking at it. 13 I -- I was thinking that the evaluation of 14 whether someone is overprescribing is a 15 subjective fact. 16 Q. Okay. Do you have an opinion about 17 how one would go about performing rigorous 18 analysis of whether or not the amount of drug 19 prescribed to a particular patient by a 20 particular physician was too much? 21 A. Again, I think it's subjective. I 22 would -- I would say that if someone had a 23 medical procedure that was -- was fairly minor 24 and received an exorbitant number of -- of 25 pills, that it was -- it would probably be</p>
<p style="text-align: right;">Page 255</p> <p>1 diversion." 2 Do you see that? 3 A. Yes. 4 Q. I want to ask you a few questions 5 about that concept. And let me start by just 6 asking, do you agree with the concept that 7 overprescribing equals diversion? 8 A. Overprescribing contributes to 9 diversion. 10 Q. What is meant by "overprescribing"? 11 A. When somebody who may need -- have 12 a need for a medication for three to four days 13 receives 30 to 60, 90 days' supply of 14 medications. 15 Q. Whose decision is it how much of a 16 prescription medication to provide to a 17 patient? 18 A. It's usually the physician. 19 Q. Okay. Is it -- isn't it always the 20 physician who's treating that particular 21 patient? 22 MS. KEARSE: Object to form. 23 A. The prescriber. 24 Q. Okay. In terms of overprescribing, 25 who decides whether a doctor is, quote,</p>	<p style="text-align: right;">Page 257</p> <p>1 overprescribing. 2 Q. Do you agree that making a 3 determination about whether or not the volume 4 of a particular amount of drug prescribed to a 5 particular patient by a particular physician 6 would require a case-by-case evaluation? 7 MS. KEARSE: Object to form. 8 A. I would -- I would say that would 9 be the case. 10 Q. You'd have to look at the complete 11 medical history of the patient, right? 12 A. Yes. 13 Q. You'd want to know, for example, if 14 that patient had a history of substance abuse? 15 MS. KEARSE: Object to form. 16 A. I think that would be an important 17 consideration. 18 Q. You'd want to know what the 19 particular medical diagnosis was? 20 A. I think that would be a reasonable 21 thing to want to know. 22 Q. Okay. Are you aware generally that 23 there are privacy protections in place -- in 24 fact, I think that you referenced some earlier 25 today in relation to some of my questions --</p>

<p style="text-align: right;">Page 258</p> <p>1 that protect individual health care information 2 that a prescriber would have access to but is 3 otherwise protected? 4 A. Yes. 5 Q. Okay. So returning to the concept 6 of overprescribing contributing to diversion, 7 can you describe what it is you mean in a 8 little bit more detail when you present that 9 concept? 10 MS. KEARSE: Objection. 11 A. That what I would -- what I would 12 take from that statement -- how I would 13 interpret that statement is that the more 14 unused medications that are left un- -- the 15 more -- more medications are left unused, 16 they're -- they could be susceptible to 17 diversion. 18 Q. Okay. When you say "susceptible to 19 diversion," does that refer to the factors that 20 we were discussing earlier, the ways by which 21 legitimately prescribed medications fall into 22 hands of individuals who are using them for 23 reasons other than a legit- -- legitimate 24 medical need? 25 MS. KEARSE: Object to form.</p>	<p style="text-align: right;">Page 260</p> <p>1 opposed to getting a legitimate prescription 2 from a licensed physician? 3 A. What about it? 4 Q. Is that diversion? 5 A. Yes, that is diversion. 6 Q. What about when your friend has an 7 extra pill and you break your arm and you use 8 your friend's pill, is that diversion? 9 A. Yes, it is. 10 Q. That's illegal too, right? 11 A. Yes, it is. 12 Q. Do you agree that there is regional 13 variation in the number of opioids that 14 licensed physicians prescribe? 15 A. Do I agree that there's regional 16 variation? I agree that there could be 17 regional variation, but I have no knowledge of 18 data that would inform me. 19 Q. Have you ever looked at the 20 question of how prescribing of prescription 21 opioids varies state by state or region by 22 region? 23 A. Say that again. I'm sorry. 24 Q. Have you ever looked at the 25 question of how prescribing of prescription</p>
<p style="text-align: right;">Page 259</p> <p>1 A. Yes. 2 Q. I think you indicated that one form 3 of diversion is theft? 4 A. Yes. 5 Q. And I think you -- you've indicated 6 that one way drugs can be stolen is just out of 7 somebody's medicine cabinet or a drawer; is 8 that right? 9 A. Yes. 10 Q. Is doctor shopping a concept with 11 which you're familiar? 12 A. I've heard the term used. 13 Q. Do you know what it means? 14 A. Yes, I do. 15 Q. What is that? 16 A. It's going from one prescriber to 17 another seeking medications. 18 Q. That's illegal, right? 19 A. Yes, it is. 20 Q. Is that a form of diversion? 21 A. That's not necessarily a form of 22 diversion. I think it's a form of drug 23 seeking. 24 Q. What about buying prescription 25 opioids from someone on the street as -- as</p>	<p style="text-align: right;">Page 261</p> <p>1 opioids varies on a state-by-state or 2 region-by-region basis? 3 A. I -- I don't know that I've done it 4 on a state-by-state basis. I think that I've 5 seen some of the OARRS information, the 6 automated prescription monitoring program, that 7 will demonstrate variations in different parts 8 of the state. 9 Q. Okay. But you don't know if 10 there's variation in terms of prescribing 11 habits on a state-by-state or region-by-region 12 basis? 13 A. I would have no way of being able 14 to say that. 15 Q. Okay. You don't recall ever having 16 received that information? 17 A. I don't recall. 18 Q. And you never went to look for that 19 information as part of your duties as the head 20 of the Summit County ADAMHS Board? 21 MS. KEARSE: Object to form. 22 A. Not that I can recall. 23 Q. Do you know how Ohio stacks up in 24 terms of prescribing of prescription opioids as 25 compared to other states? And I mean by</p>

<p style="text-align: right;">Page 262</p> <p>1 volume.</p> <p>2 A. By volume? No. You know, I've</p> <p>3 seen some heat maps that show, but -- but</p> <p>4 that -- but that -- those don't necessarily</p> <p>5 relate to numbers of -- of prescribed</p> <p>6 medications.</p> <p>7 - - - - -</p> <p>8 (Thereupon, Deposition Exhibit 18,</p> <p>9 Document Titled "Opioid Painkiller</p> <p>10 Prescribing: Where You Live Makes a</p> <p>11 Difference," Summit_001112390 to</p> <p>12 001112393, was marked for purposes</p> <p>13 of identification.)</p> <p>14 - - - - -</p> <p>15 Q. I'm going to show you a document</p> <p>16 that I've just marked Exhibit 18. It's a CDC</p> <p>17 report from July 2014. And on the third page</p> <p>18 of the document, there's some information about</p> <p>19 prescribing trends on a region-by-region,</p> <p>20 state-by-state basis.</p> <p>21 Do you see that?</p> <p>22 A. I do see that.</p> <p>23 Q. And do you see there's some pretty</p> <p>24 wide variation, actually, in terms of volume of</p> <p>25 prescriptions as between states. Do you see</p>	<p style="text-align: right;">Page 264</p> <p>1 the individuals that they're prescribing to</p> <p>2 about the dangers of prescription medications,</p> <p>3 and also to be careful about the numbers of</p> <p>4 medications that are being prescribed.</p> <p>5 Q. Okay. For what years that Summit</p> <p>6 County has had an opioid epidemic do you</p> <p>7 believe licensed physicians who have prescribed</p> <p>8 opioid medications share in responsibility for</p> <p>9 the epidemic?</p> <p>10 A. I think they've always shared in</p> <p>11 the responsibility. I -- I think that when you</p> <p>12 see the consequences of the deaths and -- and</p> <p>13 the overdoses that have occurred in our</p> <p>14 communities, that that should heighten their</p> <p>15 sense of responsibility.</p> <p>16 Q. Do you believe that pharmacists who</p> <p>17 have dispensed opioid medications in or around</p> <p>18 Summit County by filling legitimate</p> <p>19 prescriptions from licensed physicians have</p> <p>20 responsibility for the opioid epidemic in</p> <p>21 Summit County?</p> <p>22 MS. KEARSE: Object to form.</p> <p>23 A. I think that pharmacists do have a</p> <p>24 responsibility, yes.</p> <p>25 Q. I get -- I just want to make sure</p>
<p style="text-align: right;">Page 263</p> <p>1 that?</p> <p>2 A. Yes, I see that.</p> <p>3 Q. It looks like Ohio is in the middle</p> <p>4 category, the average category. Do you see</p> <p>5 that?</p> <p>6 A. Yes, I see that.</p> <p>7 Q. Do you have any view about why</p> <p>8 there has been regional and state-by-state</p> <p>9 variation in terms of the number of opioids</p> <p>10 that licensed physicians prescribe to their</p> <p>11 patients?</p> <p>12 A. I have no idea.</p> <p>13 Q. Do you believe that licensed</p> <p>14 physicians who have prescribed opioid</p> <p>15 medications in and around Summit County share</p> <p>16 responsibility for the opioid abuse epidemic in</p> <p>17 Summit County?</p> <p>18 MS. KEARSE: Object to form.</p> <p>19 A. Do I believe that prescribers share</p> <p>20 the responsibility? Yes.</p> <p>21 Q. How so?</p> <p>22 A. I believe that physicians who are</p> <p>23 prescribing opiate medications have -- have a</p> <p>24 duty, particularly in the wake of -- of what</p> <p>25 we've experienced in this county, to educate</p>	<p style="text-align: right;">Page 265</p> <p>1 the question is clear.</p> <p>2 Not just generically do they have a</p> <p>3 responsibility. My question is, do you believe</p> <p>4 that pharmacists who have dispensed legitimate</p> <p>5 opioid medication prescriptions in or around</p> <p>6 Summit County that were provided by a licensed</p> <p>7 physician have responsibility for the opioid</p> <p>8 epidemic in Summit County?</p> <p>9 A. I'm sorry.</p> <p>10 MS. KEARSE: Object to form. Asked</p> <p>11 and answered.</p> <p>12 A. I'm sorry. They do -- they do</p> <p>13 have -- they do share the responsibility.</p> <p>14 Q. Why do you believe that?</p> <p>15 A. Because everybody -- everybody who</p> <p>16 has a role in this, from the prescriber, to the</p> <p>17 person that fills the prescription, to the</p> <p>18 person using the prescription, to the -- to the</p> <p>19 other -- to the hospital systems, everybody</p> <p>20 shares some role in -- in addressing this and</p> <p>21 some responsibility.</p> <p>22 Q. For which years that Summit County</p> <p>23 has had an opioid epidemic do you believe that</p> <p>24 pharmacists who have dispensed opioid</p> <p>25 medications in Summit County for legitimate</p>

<p style="text-align: right;">Page 266</p> <p>1 prescriptions of opioids share responsibility 2 for the epidemic in the county? 3 A. To what extent? 4 Q. I said for which years. 5 A. For which years? 6 Q. Uh-huh. 7 A. Their responsibility, I think, 8 again, is they've always been -- they've always 9 had a responsibility. I think their 10 responsibility, again, has been heightened as a 11 result of what we've experienced in our 12 community. 13 Q. Do you believe that the scientists 14 and medical doctors at the Food and Drug 15 Administration have responsibility for the 16 opioid epidemic in Summit County? 17 MS. KEARSE: Object to form. 18 A. I -- I don't know. I don't -- I 19 don't know enough about what their role is in 20 this that -- that I would be able to assign 21 them any level of responsibility. 22 Q. Do you know what the Food and Drug 23 Administration is? 24 A. Yes, I do. 25 Q. Do you know they approve</p>	<p style="text-align: right;">Page 268</p> <p>1 Food and Drug Administration in connection with 2 the opioid epidemic insofar as it concerns 3 Summit County or otherwise? 4 A. No, I don't. 5 Q. Do you know what the United States 6 Drug Enforcement Agency is? 7 A. Yes, I do. 8 Q. What is it? 9 A. It's the -- it's the agency that 10 looks at -- that enforces the laws around 11 medications and -- and also illicit drugs. 12 Q. What are the responsibilities of 13 the United States Drug Enforcement Agency in 14 connection with controlled substances? 15 A. I think they're -- I -- I'm not 16 sure, but I believe that they have an 17 investigative -- investigative role. 18 Q. Okay. What do you mean an 19 investig- -- investigative role? I'm not sure 20 either of us said that quite right. 21 A. They -- when they're -- when they 22 become aware or it's reported that there are 23 bad things happening with regard to these 24 drugs, that -- that they -- that they are 25 engaged to investigate.</p>
<p style="text-align: right;">Page 267</p> <p>1 medications for indicated uses? 2 A. Yes, I do. 3 Q. And do you know that the 4 prescription opioid medications that are at 5 issue in this matter all involved FDA-approved 6 medications? 7 A. Yes. 8 Q. Do you know anything about the 9 process by which the FDA reviews and approves 10 medications for use for approved indications? 11 A. I -- I do not. I -- I have a very 12 superficial knowledge. 13 Q. Do you know whether or not the Food 14 and Drug Administration has scientists and 15 medical doctors who have responsibility for 16 reviewing scientific data in reaching their 17 conclusions about whether drugs should be 18 approved and for what indications they should 19 be approved? 20 A. Yes. 21 MS. KEARSE: Object to form. 22 A. I'm sorry. Yes. 23 Q. You do know they have those people? 24 A. I do know they have those people. 25 Q. Do you have any criticism of the</p>	<p style="text-align: right;">Page 269</p> <p>1 Q. Have you ever heard of the 2 aggregate production quota? 3 A. No. 4 Q. Are you aware that the United 5 States Drug Enforcement Agency each year sets 6 an aggregate production quota of how -- how 7 many controlled substances pharmaceutical 8 manufacturers can make? 9 A. No, I'm not familiar with that. 10 Q. Never heard of that? 11 A. No. 12 Q. You don't know what the factors are 13 that inform the DEA's decision-making process 14 in determining what an annual aggregate 15 production quota should be for any particular 16 year? 17 MS. KEARSE: Object to form. 18 A. I -- I don't have any -- I'm not 19 familiar with this process. 20 Q. This is the first time you're 21 hearing about that, as we sit here today? 22 A. Yes. 23 Q. Do you know whether or not the DEA 24 sets annual aggregate production quotas in 25 connection with prescription opioids?</p>

<p style="text-align: right;">Page 270</p> <p>1 MS. KEARSE: Object to form.</p> <p>2 A. I don't know -- I didn't know that</p> <p>3 they exist, therefore, by extension, I don't --</p> <p>4 I'm not aware of any of their activities.</p> <p>5 Q. Do you know whether anybody on</p> <p>6 behalf of Summit County or the ADAMHS Board for</p> <p>7 Summit County has ever discussed with the DEA</p> <p>8 or representatives of the DEA the aggregate</p> <p>9 production quotas for prescription opioid</p> <p>10 medications for any particular year?</p> <p>11 MS. KEARSE: Object to form.</p> <p>12 A. I don't -- I don't know.</p> <p>13 Q. You're not aware of any such --</p> <p>14 A. I'm not.</p> <p>15 Q. -- communications?</p> <p>16 A. That's correct; I'm not aware.</p> <p>17 Q. Do you believe that the United</p> <p>18 States Drug Enforcement Agency has any</p> <p>19 responsibility for the opioid epidemic in the</p> <p>20 country or in Summit County?</p> <p>21 MS. KEARSE: Object to form.</p> <p>22 A. If you're asking me if they're</p> <p>23 responsible, they have -- they have a</p> <p>24 responsibility to address it. I don't know</p> <p>25 that they're necessarily responsible for the</p>	<p style="text-align: right;">Page 272</p> <p>1 you getting that information? Number two, what</p> <p>2 is your basis?</p> <p>3 MS. KEARSE: Object to form.</p> <p>4 A. So on behalf of -- I don't know if</p> <p>5 they buy the drugs from the pharmaceutical</p> <p>6 companies and then distribute them, or if they</p> <p>7 are contractually -- so I don't understand that</p> <p>8 aspect of it.</p> <p>9 So I guess what I was trying to</p> <p>10 say, I don't know how that happens, but I know</p> <p>11 that they are responsible for the distribution</p> <p>12 of those medications across the United States.</p> <p>13 Q. Do you know how they do that or</p> <p>14 based on what standards wholesale drug</p> <p>15 distributors deliver medicines to pharmacies?</p> <p>16 A. No. I've only -- I only know as</p> <p>17 much as I've read in -- in news accounts.</p> <p>18 Q. What news accounts have you read</p> <p>19 about the role of wholesale drug distributors</p> <p>20 in the delivery of health care in the United</p> <p>21 States?</p> <p>22 A. Just the -- just the various news</p> <p>23 stories about opiates and, you know, the</p> <p>24 inclusion of the distributors in that -- in</p> <p>25 that problem.</p>
<p style="text-align: right;">Page 271</p> <p>1 epidemic. You could kind of interpret that</p> <p>2 question in two different ways.</p> <p>3 Q. That's fair. I'm asking more about</p> <p>4 the latter, so let me just rephrase it.</p> <p>5 Do you, based on all that you know</p> <p>6 and all that you've investigated and all that</p> <p>7 you've learned about the opioid epidemic</p> <p>8 insofar as it concerns Summit County, place any</p> <p>9 blame for the opioid epidemic in the county at</p> <p>10 the feet of the United States Drug Enforcement</p> <p>11 Agency?</p> <p>12 A. No, no.</p> <p>13 Q. Do you know what the role of</p> <p>14 wholesale drug distributors are or is in the</p> <p>15 delivery of health care in the United States?</p> <p>16 A. Yes.</p> <p>17 Q. What is your understanding about</p> <p>18 the role of wholesale drug distributors in the</p> <p>19 delivery of health care in the United States?</p> <p>20 A. I think that -- that they receive</p> <p>21 or -- or are responsible on behalf of the</p> <p>22 pharmaceutical companies to manage the</p> <p>23 distribution of those drugs to communities.</p> <p>24 Q. When you say on behalf of the</p> <p>25 pharmaceutical companies, number one, where are</p>	<p style="text-align: right;">Page 273</p> <p>1 Q. What news reports have you read</p> <p>2 about that?</p> <p>3 A. Just general newspaper accounts.</p> <p>4 Q. Do you recall any particular</p> <p>5 newspaper reports on the role of wholesale drug</p> <p>6 distributors?</p> <p>7 A. No. And -- and the newspaper</p> <p>8 accounts that I've read have mentioned them.</p> <p>9 They're not necessarily about them. But</p> <p>10 I've -- I've read newspaper articles where the</p> <p>11 distributors were mentioned.</p> <p>12 Q. Have you seen any other news</p> <p>13 reports in print or other types of media about</p> <p>14 the role of wholesale drug distributors in</p> <p>15 connection with the opioid epidemic?</p> <p>16 A. In news reports you're asking me?</p> <p>17 Q. Yes. And I said in print or any</p> <p>18 other --</p> <p>19 A. Right.</p> <p>20 Q. -- form of media reports.</p> <p>21 A. In lots of -- you know, I do a lot</p> <p>22 of reading on the Internet and our local</p> <p>23 newspaper. So, yes, I have.</p> <p>24 Q. Okay. What is your understanding,</p> <p>25 based on those news reports, about the role of</p>

<p style="text-align: right;">Page 274</p> <p>1 wholesale drug distributors insofar as it does 2 or does not concern the opioid epidemic in 3 Summit County? 4 A. Well, I guess probably the most -- 5 the most disturbing thing that I've read is 6 that there have been communities with very low 7 populations where, you know, they've received 8 exorbitant -- wildly exorbitant numbers of 9 prescription pain medications that would lead a 10 reasonable person to believe that nobody could 11 ever use that much medication at one time. 12 And I believe that the account that 13 I'm referring to was a community in West 14 Virginia. 15 Q. Do you have any firsthand knowledge 16 about the amounts or volumes of prescription 17 opioids that have been delivered to pharmacies 18 by wholesale drug distributors in any 19 particular geographic region? 20 A. I do not. 21 Q. You're basing that on some news 22 reports that you saw? 23 A. I'm basing that on -- on the things 24 that I've read, yes. 25 Q. And you haven't conducted any</p>	<p style="text-align: right;">Page 276</p> <p>1 know about Cardinal Health? 2 A. Cardinal Health has been involved 3 with a lot of the activities in Ohio in 4 particular, which is what -- where I'm mostly 5 familiar with is the work that they've done 6 with some of our -- our local agencies funding 7 some of the programs and services. 8 Q. What specific services or programs 9 has Cardinal Health funded in the community? 10 A. I'm not familiar with all of them, 11 but I do know that they funded a prevention 12 program, for example, in one of the agencies in 13 our community, and they had provided some 14 funding to our -- our board association, and as 15 part of the -- our work that we've done through 16 the opiate conference. 17 Q. And -- and the prevention program 18 that you had in mind, was that related to 19 opioids? 20 A. Not sure if it was related to 21 opioids or if it was more of a general 22 prevention program. 23 Q. Based on your own understanding, do 24 you believe that Cardinal Health is responsible 25 in any way for the opioid epidemic insofar as</p>
<p style="text-align: right;">Page 275</p> <p>1 analysis of your own to try and understand the 2 role of wholesale drug distributors in 3 connection with the delivery of prescription 4 opioids to pharmacies. Is that fair? 5 A. That's fair. That would be 6 somewhat outside the scope of my realm of -- 7 of -- I mean, in order for me to do something 8 about it, I might -- that -- if I felt that 9 there was a role that I could play in that, I 10 might take more of an interest in it, but I 11 didn't feel like it was something I needed to 12 study. 13 Q. Okay. Do you have any firsthand 14 knowledge of the systems that wholesale drug 15 distributors use to detect and prevent 16 diversion of controlled substances? 17 A. Am I aware of systems that they 18 use? No, I'm not. 19 Q. Have you ever looked into that? 20 A. No. I've never -- I've never 21 sought that information, no. 22 Q. Okay. Have you ever heard of 23 Cardinal Health? 24 A. I have heard of Cardinal Health. 25 Q. What have you heard? How do you</p>	<p style="text-align: right;">Page 277</p> <p>1 it concerns Summit County? 2 MS. KEARSE: Object to form. 3 A. I would have no way of knowing 4 that. 5 Q. Have you ever heard of McKesson? 6 A. Yes, I have. 7 Q. What do you know about McKesson? 8 A. I -- I know that it's a drug 9 distribution company. 10 Q. Beyond that do you know anything -- 11 A. No. 12 Q. -- about them? 13 A. No. 14 Q. The question I asked about whether 15 or not Cardinal, in your view, has 16 responsibility in any way for the opioid 17 epidemic in Summit County, would your answer be 18 the same with respect to McKesson, 19 AmerisourceBergen, and any other wholesale drug 20 distributors? 21 A. I would have no way of knowing. 22 Q. You have no way of knowing whether 23 or not -- 24 A. Whether they were responsible. 25 Q. And why is that?</p>

<p style="text-align: right;">Page 278</p> <p>1 A. Because my organization is 2 responsible for the treatment of individuals 3 with mental illnesses and addictions, and that 4 really falls far outside of the scope of what 5 our funding is -- is designated for. 6 Q. You've indicated a couple of times 7 today that as part of your job responsibilities 8 as the head of the ADAMHS Board, you felt that 9 you had a duty to try to investigate and 10 understand the causes of the opioid epidemic in 11 Summit County. 12 My question for you is whether or 13 not that investigation and work that you've 14 done over the course of your leading of the 15 ADAMHS Board in Summit County has led you to 16 believe that the wholesale drug distributors 17 have responsibility for the opioid epidemic in 18 Summit County. 19 MS. KEARSE: Object to form. 20 A. Through my work at the ADM Board 21 and -- and some of the -- and some of the 22 reading that I have done, I've come to 23 understand that that's the case, but I don't 24 know that I have direct knowledge that that's 25 the case.</p>	<p style="text-align: right;">Page 280</p> <p>1 if -- if I were asked to prove that these -- 2 these companies were responsible, I don't 3 necessarily think that I could prove it, but 4 I've read enough information and that -- that I 5 wouldn't have a difficult time believing that 6 that's the case. 7 Q. Is that based on the media reports 8 that you were talking about? 9 A. It's based on the media reports. 10 It's based on the other information that's 11 been -- that's been made available to me 12 through the -- I guess -- I guess it's 13 generally media reports. 14 Q. That's what I wanted to make sure 15 we had pinned down. 16 A. Yeah. 17 Q. Is there any information other than 18 the media reports that you're having in mind? 19 A. Well, you know, I've done a lot of 20 reading about different aspects of this 21 problem. I mean, I've read the -- you know, 22 Sam Quinones' book on Dreamland, and -- and I'm 23 just trying to -- you know, in my mind's eye, I 24 was just trying to determine whether or not 25 there was any mention of the distributors in</p>
<p style="text-align: right;">Page 279</p> <p>1 Q. Well, just back up for a second. 2 A. Okay. 3 Q. When I asked you about this before, 4 you talked about drug reports -- or I'm 5 sorry -- media reports. 6 A. Yes. 7 Q. And you said really that's the only 8 thing you've ever read about that, right? 9 A. Right. 10 Q. Okay. And then when I asked you 11 whether or not you had a view as to whether 12 Cardinal Health, McKesson, AmerisourceBergen, 13 or any other wholesale drug -- -- 14 A. Uh-huh. 15 Q. -- distributor had responsibility 16 for the opioid epidemic -- 17 A. Uh-huh. 18 Q. -- in the county, you said you 19 would have no way of knowing that, right? 20 MS. KEARSE: Object to form. 21 A. Personally, yes. 22 Q. Okay. And so when you say you've 23 come to understand that, what are you talking 24 about? 25 A. I guess what I'm saying is that</p>	<p style="text-align: right;">Page 281</p> <p>1 that -- in that book. But, you know, I just -- 2 I just can't recall. 3 Q. Okay. So you're not aware, sitting 4 here today, whether or not in your own 5 investigation of the opioid epidemic, insofar 6 as it concerns Summit County, you determined 7 that wholesale drug distributors had 8 responsibility for the opioid epidemic in the 9 county. Is that fair? 10 MS. KEARSE: Object to form. 11 A. That I have information that 12 would -- that I could arrive at that 13 determination? 14 Q. Yeah. My -- my que- -- let me -- 15 let me just -- 16 A. Okay. 17 Q. -- make sure the question is clear. 18 I -- we talked about how you had 19 done your own investigation and analysis to try 20 and understand the causes of the opioid 21 epidemic in Summit County, right? 22 A. Yes. Well, let me -- let me take 23 issue with that. I haven't done my -- 24 Q. Okay. 25 A. -- research to understand it. I</p>

<p style="text-align: right;">Page 282</p> <p>1 have read things that I have run across. I 2 haven't -- I haven't done an exhaustive 3 research on these issues. 4 What I do is I read information as 5 it's -- as it comes before my attention, but 6 it's not that I'm out there doing research on 7 this issue. 8 Q. What -- what are the sources of 9 information that you use when you go around 10 presenting to people about the causes of the 11 opioid epidemic in Summit County? 12 A. Some of it was from presentations 13 that have been done other places where I've 14 picked up some of the -- the talking points. 15 I've -- you know, I've read articles. I've 16 read newspaper articles that have citations, 17 and, you know, usually I'll at least want to 18 understand where that citation came from so 19 that I'm not just putting out information 20 that's -- you know, that's not necessarily -- 21 that's just -- that somebody just makes a 22 statement. There has to be some sort of a 23 basis for that information. 24 And so our board association has 25 sent people to us. Our -- the experiences of</p>	<p style="text-align: right;">Page 284</p> <p>1 out the distributors. I may have lumped them 2 together with the pharmaceutical companies. So 3 there could be -- there could be talking points 4 in my slide deck that -- that talk about opiate 5 manufacturers and distributors. 6 Q. And if I represent to you that 7 there's not, would that surprise you? 8 A. That there's not what? 9 Q. Any reference to wholesale drug 10 distributors. 11 MS. KEARSE: Object to form. 12 A. That wouldn't surprise me, no. 13 Q. As you sit here today, do you 14 recall ever arriving at a conclusion that in 15 your view the opioid epidemic in Summit County 16 had been driven in part by wholesale drug 17 distributors? 18 MS. KEARSE: Object to form. 19 A. No. 20 Q. Do you believe that the County 21 itself shares any responsibility for the opioid 22 epidemic in Summit County? 23 A. So when you say "the County," what 24 are you talking about? 25 Q. I'm talking about County government</p>
<p style="text-align: right;">Page 283</p> <p>1 the folks in our Opiate Task Force and their 2 collective knowledge and input about that have 3 all kind of helped to inform me about this 4 issue and the way that I understand it. 5 Q. Okay. And -- and you put that 6 together in slide decks, and sometimes you use 7 those slide decks as part of your presentation, 8 right? 9 A. The Opiate Task Force's speakers 10 bureau put this together in a -- and I -- in a 11 slide deck, and then I modify that slide deck 12 for my use. 13 Q. And as part of the discovery 14 process, as I'm sure you understand, we've had 15 the opportunity to see at least some of the 16 slide decks that you've used and that others at 17 the ADAMHS Board have used. 18 Do you recall ever in, any of your 19 presentations to the community about why there 20 was an opioid epidemic in Summit County, saying 21 that you believed that wholesale drug 22 distributors were at least partly responsible 23 for the opioid epidemic in the county? 24 MS. KEARSE: Object to form. 25 A. I'm not sure that I've ever singled</p>	<p style="text-align: right;">Page 285</p> <p>1 and the -- the organs and various departments, 2 divisions and programs of the County. 3 A. I don't know. I'd have to think 4 about that. There's -- there's a lot of places 5 where the County touches individuals. 6 That they're responsible for the 7 opiate epidemic? 8 Q. Yeah. The question I asked you is 9 whether you believe that the County itself 10 shares responsibility for the opioid epidemic 11 in Summit County. 12 MS. KEARSE: Object to form. 13 A. By sharing the -- by sharing the 14 responsibility if you mean contributing to? 15 No, I don't think so. 16 Q. Why not? 17 A. I'm just -- I'm just trying to walk 18 through the different parts of the County to 19 say -- to look at how the County might -- how 20 the County might impact this issue, and I don't 21 know that there are -- I don't think that they 22 made any -- any kind of a contribution to that, 23 that I can -- that I can think of. 24 Q. In your view has the County -- in 25 retrospect, as we sit here in early 2019 and</p>

<p style="text-align: right;">Page 286</p> <p>1 you look back at the opioid epidemic in Summit 2 County, do you believe that there are different 3 decisions made or priorities set that the 4 County could have made or set that didn't -- 5 but did not -- 6 MS. KEARSE: Objection. Calls for 7 speculation. 8 Q. -- in the last decade or so? 9 MS. KEARSE: Objection. Calls for 10 speculation. 11 A. I -- I don't know. I don't know. 12 Q. I know that the "calls for 13 speculation" is intended to help you answer 14 that question, but I'm asking your opinion. 15 I'm not asking about -- just to clarify, I'm 16 not asking about what other people did. I'm 17 asking whether you have a view here today 18 about, in retrospect, whether or not the County 19 could have made decisions or set priorities 20 differently than they did -- 21 MS. KEARSE: And I -- I object 22 to -- 23 MR. BOEHM: I'm sorry. I'm not 24 done. 25 Q. -- in a way that would have perhaps</p>	<p style="text-align: right;">Page 288</p> <p>1 particularly on the heels of an event that 2 occurred here in July of 2016, and we felt -- 3 we felt as though the -- the State could have 4 been more helpful. 5 Q. Okay. Setting the events of 2016 6 aside, are there other ways in which you 7 believe the State was slow to respond to the 8 opioid epidemic that contributed to the scope 9 and scale of the epidemic in Summit County? 10 MS. KEARSE: Object to form. 11 A. I -- I don't have an opinion. 12 Q. We looked earlier at the 2010 13 report -- 14 A. Uh-huh. 15 Q. -- from the governor. He put 16 together that prescription drug abuse task 17 force. 18 Do you remember that? 19 A. Yes. 20 Q. Do you believe generally that the 21 State has been slow to respond to the opioid 22 epidemic in Ohio? 23 MS. KEARSE: Object to form. Asked 24 and answered. 25 A. I don't know if they've been slow.</p>
<p style="text-align: right;">Page 287</p> <p>1 helped out with respect to the opioid epidemic? 2 MS. KEARSE: I object to form 3 again. 4 A. I don't have -- I don't have any 5 personal feelings about the County's role in -- 6 in the opiate epidemic. 7 Q. You don't have any suggestions, 8 anything in retrospect or views about what the 9 County could have done differently? 10 MS. KEARSE: Object to form. 11 A. No, I don't. 12 Q. Do you believe that the State of 13 Ohio shares responsibility for the opioid 14 epidemic in the state and in Summit County? 15 MS. KEARSE: Object to form. 16 A. I -- I think that the State has 17 some responsibility in the -- in the sense that 18 they've been very slow to respond with funding 19 for us to address it. But that -- I guess that 20 would be my complaint with the State. 21 Q. When you say they have been slow to 22 address the opioid epidemic, what is it that 23 you mean by that? 24 A. That there was a call for state of 25 emergency to address the opiate epidemic,</p>	<p style="text-align: right;">Page 289</p> <p>1 I think their response has been inadequate. 2 Q. In what ways do you think the 3 State's response to the opioid epidemic has 4 been inadequate? 5 A. I believe that when we sought help 6 from the State, that they came and they talked 7 to us, but that was essentially all they did. 8 Q. When was that? When did you seek 9 help from the State? 10 A. In particular, in 2016, after 11 this -- after we had the spate of -- the spike 12 in our overdoses and deaths. 13 Q. Those overdoses that you're 14 referring to in 2016 were largely driven by 15 fentanyl overdoses; is that correct? 16 MS. KEARSE: Object to form. 17 A. They were largely due to an influx 18 in carfentanil in our community. 19 Q. And that was illegal carfentanil, 20 correct? 21 A. It was -- it was illegally -- it 22 was being used illegally, yes. 23 Q. And carfentanil is not something 24 that's prescribed for use in humans to treat 25 pain, right?</p>

<p style="text-align: right;">Page 290</p> <p>1 A. Right. It's an elephant 2 tranquilizer. 3 - - - - - 4 (Thereupon, Deposition Exhibit 19, 5 Ohio House of Representatives 6 Prescription Drug Addiction and 7 Healthcare Reform Legislative Study 8 Committee Chairman's Report, 9 SUMMIT_001017850 to 001017865, was 10 marked for purposes of 11 identification.) 12 - - - - - 13 Q. Okay. I'm going to show you this 14 document that's been marked as Exhibit 19 for 15 purposes of the deposition today. It's an 16 October 17th, 2013 -- 17 A. Uh-huh. 18 Q. -- report from the Ohio House of 19 Representatives Prescription Drug Addiction and 20 Healthcare Reform Legislative Study Committee. 21 That's a mouthful. 22 Do you see that? 23 A. Yes. 24 Q. And the chairman of this committee 25 was Representative Robert Cole Sprague.</p>	<p style="text-align: right;">Page 292</p> <p>1 about the disbursal of funding to address the 2 opiate epidemic. 3 And -- and we've had -- we had 4 several conversations with him as part of our 5 board association. 6 Q. Do you recall ever having had a 7 conversation with Representative Sprague about 8 the causes of the opioid epidemic? 9 A. I don't believe we ever talked 10 about the causes. 11 Q. Have you seen this report before 12 that's been marked as Exhibit 19? 13 A. I have not. 14 Q. I want to direct your attention to 15 page 6 of the document. It's Roman numeral 16 III, which is entitled, quote, "A 17 State-Sponsored Problem." 18 Do you see that? 19 A. Yes. 20 Q. And this section of the document 21 goes on to relate, in the view of the Ohio 22 House of Representative Committee, who looked 23 at this issue, the ways in which the State 24 itself has contributed to the opioid epidemic. 25 Do you see that?</p>
<p style="text-align: right;">Page 291</p> <p>1 Do you see that? 2 A. Yes. 3 Q. Do you know Representative Sprague? 4 A. Yes. I know Representative 5 Sprague. 6 Q. Have you ever had any conversations 7 with Representative Sprague about the opioid 8 epidemic in Ohio or in Summit County? 9 A. I had several conversations with 10 Representative Sprague about the opiate 11 epidemic and -- and our needs in Summit County. 12 Q. When have you had those 13 conversations? 14 A. Boy. You know, I've -- I've talked 15 to Representative Sprague probably three or 16 four times over the past three -- three years. 17 Q. What have you discussed with 18 Representative Sprague insofar as it concerns 19 the opioid epidemic in Summit County? 20 A. We -- we talked to him about the 21 need to keep Medicaid expansion, because 22 they're -- in spite of the fact that we did 23 have Medicaid expansion, it was threatened on a 24 number of occasions. 25 We talked to Representative Sprague</p>	<p style="text-align: right;">Page 293</p> <p>1 A. Yes. 2 Q. The first in the list provided is 3 the fact that the general assembly passed the 4 Intractable Pain Act in 1998. 5 Do you see that? 6 A. Yes. 7 Q. And we talked a little bit about 8 that earlier. Do you remember that? 9 A. Yes. 10 Q. And I think you said you weren't 11 familiar with the details? 12 A. Right. 13 Q. And remind me, did you know 14 generally what this act of legislation was 15 about? 16 A. No. 17 Q. Do you know in what way the 18 Intractable Pain Act in 1998, quote, "opened 19 the floodgates for doctors to treat chronic 20 pain with prescription opioids"? 21 A. Do I know in what way? No. 22 Q. Do you agree or disagree with the 23 conclusion of this committee of the Ohio House 24 of Representatives about passage of the 25 Intractable Pain Act and its impact on the</p>

<p style="text-align: right;">Page 294</p> <p>1 opioid epidemic?</p> <p>2 A. I would have to read the report</p> <p>3 to -- in full to offer an opinion.</p> <p>4 Q. Are you familiar with the Ohio</p> <p>5 medical board?</p> <p>6 A. I know there is an Ohio medical</p> <p>7 board. I'm not familiar with it, and I've</p> <p>8 never had any interactions with the Ohio</p> <p>9 medical board.</p> <p>10 Q. Do you know what the basic</p> <p>11 responsibility of the Ohio medical board is?</p> <p>12 A. No. I couldn't -- I couldn't state</p> <p>13 that to you cogently.</p> <p>14 Q. Do you know that the Ohio medical</p> <p>15 board is the entity that sometimes brings</p> <p>16 investigations against licensed physicians?</p> <p>17 MS. KEARSE: Object to form.</p> <p>18 A. Against physicians? No, I -- I was</p> <p>19 not aware of that.</p> <p>20 Q. Number 2 on this page 6 of Exhibit</p> <p>21 19 says, "The Ohio medical board and others</p> <p>22 throughout the country convinced the medical</p> <p>23 community to adopt pain as the fifth vital</p> <p>24 sign."</p> <p>25 Do you see that?</p>	<p style="text-align: right;">Page 296</p> <p>1 earlier when you talked about patient</p> <p>2 satisfaction surveys?</p> <p>3 A. Yes, in part.</p> <p>4 Q. Okay. And Medicaid and Medicare</p> <p>5 are federal systems, right?</p> <p>6 A. Yes, they are.</p> <p>7 Q. Okay. So is it your understanding</p> <p>8 that the Medicaid and Medicare systems were</p> <p>9 requiring patient satisfaction surveys that</p> <p>10 informed the grading of hospitals and</p> <p>11 individual physicians?</p> <p>12 MS. KEARSE: Object to form.</p> <p>13 A. I accept what's stated here, yes.</p> <p>14 Q. You indicated earlier today that</p> <p>15 you're familiar with the concept of pill mills,</p> <p>16 right?</p> <p>17 A. Yes.</p> <p>18 Q. And I think you said that some pill</p> <p>19 mills have been shut down in Summit County; is</p> <p>20 that right?</p> <p>21 A. Yes.</p> <p>22 Q. What are the pill mills in Summit</p> <p>23 County that have been shut down?</p> <p>24 A. I -- I don't know the specifics. I</p> <p>25 don't know the names of the -- of the people</p>
<p style="text-align: right;">Page 295</p> <p>1 A. Yes, I do.</p> <p>2 Q. Do you agree with that statement?</p> <p>3 A. Do I agree with this -- do I agree</p> <p>4 that -- with what is in this report?</p> <p>5 Q. Yes. This statement that I just</p> <p>6 read.</p> <p>7 A. This statement that the Ohio</p> <p>8 medical board and others throughout the county</p> <p>9 [sic] convinced the medical community to adopt</p> <p>10 pain as the fifth vital sign?</p> <p>11 Q. Yes.</p> <p>12 A. Do I agree with that? I would</p> <p>13 accept that that's true.</p> <p>14 Q. Do you know in what way the Ohio</p> <p>15 medical board and others convinced the medical</p> <p>16 community to adopt pain as the fifth vital</p> <p>17 sign?</p> <p>18 A. I have no idea.</p> <p>19 Q. Okay. Number 4 -- just skipping</p> <p>20 down for a second -- refers to Medicaid and</p> <p>21 Medicare, and it talks about grading hospitals</p> <p>22 and physicians.</p> <p>23 Do you see that?</p> <p>24 A. Yes.</p> <p>25 Q. Is that what you were referring to</p>	<p style="text-align: right;">Page 297</p> <p>1 who are involved in these -- in this -- in this</p> <p>2 massive overprescribing.</p> <p>3 I know that there was a physician</p> <p>4 that was connected to Summa, for example, who</p> <p>5 was arrested for operating a -- a pill mill.</p> <p>6 I -- and I'm aware of a couple of others</p> <p>7 anecdotally.</p> <p>8 Q. Do you know how many pill mills</p> <p>9 have operated in Summit County?</p> <p>10 A. Specifically, no.</p> <p>11 Q. Do you know roughly?</p> <p>12 A. Three or four.</p> <p>13 Q. And do you know the physicians or</p> <p>14 other individuals who ran those pill mills?</p> <p>15 A. Not personally, no.</p> <p>16 Q. Do you believe that unscrupulous</p> <p>17 individuals who have ran or presently run pill</p> <p>18 mills have responsibility --</p> <p>19 MS. KEARSE: Object to form.</p> <p>20 Q. -- for the opioid epidemic in</p> <p>21 Summit County?</p> <p>22 MS. KEARSE: Object to form.</p> <p>23 A. Can -- can you ask me the first</p> <p>24 part of that question again?</p> <p>25 Q. Sure. Do you believe that</p>

<p style="text-align: right;">Page 298</p> <p>1 unscrupulous individuals who have run or run 2 pill mills have responsibility for the opioid 3 epidemic in Summit County? 4 MS. KEARSE: Object to form. 5 A. In part, yes. 6 Q. How so? 7 A. That when they flood the market 8 with medications, they're feeding the problem. 9 And -- and once -- once they're removed from 10 the communities, then that leaves a void and 11 typically the dealers step in to fill that 12 void. 13 Q. Do you believe that drug dealers 14 have responsibility for the opioid epidemic in 15 Summit County? 16 A. In part, yes. 17 Q. To what extent do you believe drug 18 dealers are responsible for the opioid epidemic 19 in the County? 20 A. I couldn't assign a number or a 21 percentage of responsibility. 22 Q. How would you characterize the 23 extent of the responsibility, even if you don't 24 use a number? 25 A. They've been more than happy to</p>	<p style="text-align: right;">Page 300</p> <p>1 part responsible. 2 Q. And -- and to what extent would you 3 ascribe responsibility for the opioid epidemic 4 in Summit County to a broader cultural mindset 5 about the use of prescription medications? 6 MS. KEARSE: Object to form. 7 A. Because -- because all of these 8 factors are linked to one another, I think that 9 you could make the argument that aggressive 10 marketing, aggressive advertising of 11 pharmaceuticals create, in part, that culture. 12 So I -- I see that that culture is very much 13 a -- a product of the marketing campaigns. 14 Q. And when you talk more broadly 15 about the cultural mindset and marketing of 16 pharmaceutical medications, are you talking 17 about the marketing of prescription opioid 18 medications particularly, or are you talking 19 just generally about marketing of 20 pharmaceutical products? 21 MS. KEARSE: Object to form. 22 A. I'm talking about the overall 23 culture, because I believe that that translates 24 irrespective of the issue for which you're 25 seeking treatment.</p>
<p style="text-align: right;">Page 299</p> <p>1 step in and fill the void. 2 Q. Okay. How would -- how would you 3 characterize the -- the nature of their 4 contribution to the epidemic in Summit County? 5 MS. KEARSE: Object to form. 6 A. They've introduced more lethal and 7 more potent substances into the community. 8 Q. Are you referring to fentanyl and 9 carfentanil? 10 A. Yes. 11 Q. And are you referring to -- 12 A. And methamphetamine and other -- 13 and other very potent drugs of abuse. 14 Q. And cocaine? 15 A. Yes. 16 Q. We talked earlier today a little 17 bit about the cultural mindset of using pills. 18 Do you remember that? 19 A. Yes. 20 Q. To what extent do you believe that 21 a cultural mindset of taking prescription 22 medicines to address pain is responsible for 23 the opioid epidemic in Summit County? 24 A. I think that that's -- that's -- 25 they are -- that that cultural mindset is in</p>	<p style="text-align: right;">Page 301</p> <p>1 Q. Is it your view that pharmaceutical 2 manufacturers should not be permitted to 3 advertise their products? 4 A. That pharmaceutical companies 5 should not be? I believe that -- I believe 6 that there should be some controls put on the 7 information that's put out there. 8 Q. Do you know if there already are 9 controls in place in terms of the information 10 that pharmaceuticals can use to advertise their 11 products? 12 A. Evidently not enough. 13 Q. So your view is there ought to be 14 more controls than there currently are? 15 A. I think that's worth considering, 16 yes. 17 Q. What additional controls do you 18 believe ought to be put in place in terms of 19 pharmaceutical manufacturers' marketing of 20 their products? 21 A. I don't know. I guess I've never 22 thought about it until -- until being asked 23 about it. 24 Q. Okay. So you -- you don't have any 25 particular suggestions?</p>

<p style="text-align: right;">Page 302</p> <p>1 A. I don't have anything that comes 2 immediately to mind, no. 3 Q. Okay. And you don't have any 4 particular criticisms of the particular 5 guidelines currently in place for the 6 advertising of pharmaceutical products? 7 A. I'm not aware of the guidelines 8 that are currently in place. 9 Q. You mean you're not familiar with 10 the guidelines? 11 A. I'm not -- I'm not aware that there 12 are guidelines, and I'm not familiar with any 13 guidelines that may exist. 14 Q. Okay. You indicated a couple of 15 times that Summit County set up this group 16 called the Opiate Task Force. 17 Do you remember that? 18 A. Yes. 19 Q. Did I hear you right that that was 20 established in 2014? 21 A. Yes. 22 Q. Why did Summit County establish the 23 Opiate Task Force? 24 A. Because the community was seeing 25 more and more of an impact. And as we</p>	<p style="text-align: right;">Page 304</p> <p>1 ADM-centric entity. We really wanted it to be 2 owned by the community. But it became very 3 clear to us that nobody else in the community 4 was taking the mantle of responsibility, and so 5 I felt as though we couldn't wait for somebody 6 else to take responsibility, so we did. 7 Q. When did you first put out the 8 feelers in the community to try and assess 9 whether or not others would be willing to form 10 this type of group? 11 A. Probably 2012 and the first part of 12 2013. 13 Q. And your -- your general sense was 14 that there was a somewhat unenthusiastic 15 reaction? 16 MS. KEARSE: Object to form. 17 A. I think -- I think the way that I 18 looked at it was in assessing the capability of 19 that organization to take that on left me to 20 decide that it probably wasn't going to happen. 21 Q. What was that organization? I'm 22 not sure I caught that. 23 A. I'm -- I'll have to -- I can't 24 remember the name of the organization just 25 because of -- because I'm trying so hard to</p>
<p style="text-align: right;">Page 303</p> <p>1 interacted in our planning function with other 2 parts of our community, we were hearing more 3 and more about the impact of opiates in the 4 health care system, in other social service 5 agencies, and so we felt as though a lot of the 6 issues that we were hearing about were a lot 7 broader than what the ADM Board could tackle on 8 its own within its -- its particular purview or 9 its particular scope of -- of work. 10 So we felt as though we needed to 11 bring in those other sectors of the community 12 in a similar fashion as a community drug 13 coalition to try to address this so that we 14 could have a broader impact. 15 Q. Why didn't Summit County or the 16 ADAMHS Board establish an Opiate Task Force 17 earlier than 2014? 18 A. We -- we wanted to establish it 19 earlier. Initially we had courted our local 20 drug abuse coalition, and they just didn't seem 21 to be able to get any traction on that, so we 22 determined that it was something that we wanted 23 to do. 24 What we want- -- what we wanted to 25 avoid was that this would be seen as an</p>	<p style="text-align: right;">Page 305</p> <p>1 remember the name of the organization. Summit 2 County Community Partnership. 3 Q. Is that the name of the 4 organization? 5 A. That's the name of the 6 organization. It just came to me. 7 Q. Who runs that? 8 A. Darryl Brake. 9 Q. Why did you think that that entity 10 would be an appropriate place to house an 11 Opiate Task Force? 12 A. Because they -- because they were 13 not -- they were not staffed, and they did not 14 appear to -- they did not appear to be moving 15 in a -- in a direction that would suggest that 16 they were -- that they were capable of doing 17 that. 18 Q. No. My question was why did you 19 initially consider them to be a good 20 candidate -- 21 A. Okay. 22 Q. -- even if you concluded ultimately 23 that they were not, to house the opiate task 24 force? 25 A. Because they were a community</p>

<p style="text-align: right;">Page 306</p> <p>1 coalition, and a -- and a coalition engages all 2 the sectors of the community. So they already 3 had a relationship with the business community, 4 with health care, with some of the others as 5 part of the other work that they did. 6 Q. To what extent do you assign 7 responsibility to drug cartels and other 8 transnational criminal organizations for the 9 opioid epidemic in Summit County? 10 MS. KEARSE: Object to form. 11 A. How would I characterize their 12 responsibility? Or how would I -- 13 Q. That's one way of saying it. I 14 think I asked you to what extent do you assign 15 responsibility to the cartels and the other 16 international criminal organizations? 17 MS. KEARSE: Object to form. 18 A. As I've said in -- to these types 19 of questions in the past, I think they played a 20 role. I don't know that -- how I would rate 21 their role in comparison to some of these other 22 factors. 23 Q. Okay. You do know that drug 24 cartels and international criminal 25 organizations have played a significant role in</p>	<p style="text-align: right;">Page 308</p> <p>1 MS. KEARSE: Object to form. 2 A. Yes, I would say that it's very 3 multifaceted. 4 Q. And I know this is difficult, but 5 if you were to allocate responsibility for the 6 various factors, individuals, entities that you 7 believe have contributed to the opioid abuse 8 epidemic in Summit County, what factor would 9 you rank as number one? 10 MS. KEARSE: Object to form. 11 A. Wow. I don't know. 12 I -- from -- from all things 13 that -- that, you know, I've read about and all 14 the information that's come to me, I believe 15 that had it not been for the number of 16 prescription pain medications that have been 17 distributed throughout the communities, and 18 particularly in some of the areas -- and again, 19 I go back to some of the reading that I've done 20 through Sam Quinones' Dreamland and others -- 21 that had those -- had those -- had those pill 22 mills and those -- and those prescription pain 23 medications not been so widely available, that 24 there may not have been a ready market waiting 25 for the -- the cartels to come in.</p>
<p style="text-align: right;">Page 307</p> <p>1 fueling the opioid epidemic in the United 2 States, fair? 3 MS. KEARSE: Object to form. 4 A. I -- I think that would be a 5 reasonable conclusion. 6 Q. And we've talked about a lot of 7 things, contributing factors. We spent a lot 8 of time today going through them. 9 A. Uh-huh. 10 Q. Are there any contributing factors 11 to the opioid epidemic in Summit County that 12 you believe we've not already discussed today 13 that I've forgotten about or that have been on 14 your mind? 15 MS. KEARSE: Object to form. 16 A. None that come to mind. 17 Q. Okay. Do you agree that the opioid 18 epidemic in the country, in Ohio, and in Summit 19 County is extraordinarily complex and 20 multifaceted? 21 MS. KEARSE: Object to form. 22 A. I would agree that it is very 23 complex. 24 Q. And do you agree that it's 25 extraordinarily multifaceted?</p>	<p style="text-align: right;">Page 309</p> <p>1 So I would have to say that 2 without -- without having a -- a ready market, 3 that the -- the pills really set the table for 4 that to occur. 5 Q. Okay. And -- and why is it that 6 you think there were more pills in the 7 communities? You talked about the -- the 8 amount of pills in the -- in Summit County. 9 A. Uh-huh. 10 Q. What are the factors that you think 11 inform the -- the number of pills that you see? 12 A. The factors that informed the 13 number of pills? 14 Q. Yeah. 15 A. I don't know what you mean by that. 16 Q. Well, we've talked about a lot of 17 things today. We've talked about changes of 18 prescribing guidelines. We've talked about 19 treating pain as the fifth vital sign. We've 20 talked about diversion. We've talked about a 21 lot of things. 22 And so I'm just trying to 23 understand, when you talk about there were 24 pills in the community, what is it that you 25 think explains that?</p>

<p style="text-align: right;">Page 310</p> <p>1 MS. KEARSE: Object to form.</p> <p>2 A. Well, you know, all of those things</p> <p>3 I think play a role, but I think that the</p> <p>4 unscrupulous prescribers have -- certainly have</p> <p>5 a role, but they would not have had access to</p> <p>6 the medications to prescribe had it not been</p> <p>7 for the drug companies that provided them</p> <p>8 inordinate -- exorbitant amounts of these pain</p> <p>9 medications for them to be able to prescribe.</p> <p>10 Q. Okay. Do you agree that to some</p> <p>11 extent opioid abuse and the opioid epidemic in</p> <p>12 Summit County is due to the disease of</p> <p>13 addiction itself?</p> <p>14 MS. KEARSE: Object to form.</p> <p>15 A. Do I believe that the opiate</p> <p>16 epidemic is due to the disease of addiction</p> <p>17 itself?</p> <p>18 It's a -- it's a -- the disease of</p> <p>19 addiction is triggered by the substance.</p> <p>20 And -- and so certainly the person who's</p> <p>21 susceptible to addiction, whether it's somebody</p> <p>22 who takes the first pill and they're on the</p> <p>23 road towards addiction, to the person that</p> <p>24 builds up a tolerance and then finds themselves</p> <p>25 addicted, I think that, you know, those two</p>	<p style="text-align: right;">Page 312</p> <p>1 MS. KEARSE: Object to form.</p> <p>2 A. That's correct.</p> <p>3 Q. Is it possible for a licensed</p> <p>4 physician making a prescribing decision for a</p> <p>5 legitimate medical need to know in advance</p> <p>6 whether or not an individual patient is</p> <p>7 predisposed to the disease of addiction?</p> <p>8 A. I believe that any prescriber</p> <p>9 should treat everyone with universal</p> <p>10 precautions just like we do with people with</p> <p>11 HIV. You treat everybody with the idea that</p> <p>12 that person could be susceptible.</p> <p>13 Q. I -- I guess my question still</p> <p>14 stands, though. Do -- do you know whether or</p> <p>15 not it's possible for a health care provider</p> <p>16 making a prescribing decision about an</p> <p>17 individual patient to know in advance whether</p> <p>18 or not that patient has a predisposition to the</p> <p>19 disease of addiction?</p> <p>20 A. I don't know that, whether that's</p> <p>21 possible or not.</p> <p>22 Q. Do you know, in terms of the</p> <p>23 overdose data in Summit County, what percentage</p> <p>24 of the toxicology reports find that individuals</p> <p>25 who have overdosed on opioids are also using</p>
<p style="text-align: right;">Page 311</p> <p>1 things work hand in hand.</p> <p>2 Q. Okay. I think you've talked about</p> <p>3 addiction earlier today as a brain disease.</p> <p>4 A. Yes.</p> <p>5 Q. Is that, in your view, a fair</p> <p>6 characterization?</p> <p>7 A. That's a fair characterization,</p> <p>8 yes.</p> <p>9 Q. And do you agree that some people</p> <p>10 are predisposed to the disease of addiction?</p> <p>11 A. I believe that some people are</p> <p>12 predisposed to addiction.</p> <p>13 Q. And some people are not, right?</p> <p>14 A. That's correct.</p> <p>15 Q. And some people can use opioid</p> <p>16 medications appropriately from a licensed</p> <p>17 physician and never run any risk of becoming an</p> <p>18 addict just based on their -- they got the luck</p> <p>19 of the draw in terms of their biological</p> <p>20 makeup, fair?</p> <p>21 MS. KEARSE: Object to form.</p> <p>22 A. I'd say that's fair.</p> <p>23 Q. And other people aren't so lucky</p> <p>24 and might have a predisposition toward</p> <p>25 addiction, right?</p>	<p style="text-align: right;">Page 313</p> <p>1 psychiatric medications?</p> <p>2 MS. KEARSE: Object to form.</p> <p>3 A. I've never -- I've never looked at</p> <p>4 that to -- I've never looked at that, no.</p> <p>5 Q. Okay.</p> <p>6 MS. KEARSE: Is this a good time</p> <p>7 for a break? I know we've been going an hour.</p> <p>8 MR. BOEHM: Sure.</p> <p>9 THE VIDEOGRAPHER: Off the record,</p> <p>10 4:29.</p> <p>11 (A recess was taken.)</p> <p>12 THE VIDEOGRAPHER: On the record,</p> <p>13 5:04.</p> <p>14 BY MR. BOEHM:</p> <p>15 Q. Mr. Craig, welcome back from</p> <p>16 another of our breaks today.</p> <p>17 Do you agree that using</p> <p>18 prescription opioid medications under the care</p> <p>19 of a licensed physician for a legitimate</p> <p>20 medical need does not result in addiction or</p> <p>21 substance abuse for the vast majority of</p> <p>22 patients?</p> <p>23 MS. KEARSE: Object to form.</p> <p>24 A. Yes.</p> <p>25 Q. You indicated earlier today your</p>

<p style="text-align: right;">Page 314</p> <p>1 concerns with respect to, kind of, the amount 2 of opioids that were being prescribed, right? 3 A. Yes. 4 Q. And you kind of referred to that, I 5 think to some extent, as overprescribing? 6 A. Yes. 7 Q. Do you agree that individual 8 prescribing decisions by licensed prescribers 9 are not made in relation to a particular 10 patient based on how much inventory of a 11 prescription opioid medication there is or is 12 not at a pharmacy? 13 MS. KEARSE: Object to form. 14 A. I'm going to ask you to repeat that 15 question again. 16 Q. Sure. Do you agree that individual 17 prescribing decisions by licensed prescribers 18 are not made, on a patient basis, based on the 19 amount or volume of a -- of a drug that's 20 available at a neighborhood pharmacy? 21 MS. KEARSE: Object to form. 22 A. I would agree with that statement. 23 Q. They base those decisions, as we 24 discussed earlier, based on individual 25 case-by-case considerations related to the</p>	<p style="text-align: right;">Page 316</p> <p>1 Q. And this is the federal kind of 2 umbrella organization for the state medical 3 boards. And you see that this document is a 4 model policy on the use of opioid analgesics in 5 the treatment of chronic pain; do you see that? 6 A. Yes, I do see that. 7 Q. Have you ever seen this document 8 before? 9 A. No, I have not. 10 Q. Are you familiar with the 11 Federation of State Medical Boards? 12 A. No, I am not. 13 Q. Did you know that they have, over 14 the course of time, propagated prescribing 15 guidelines for the use of prescription opioids 16 to treat pain, including chronic pain? 17 A. I'm not aware of any of their 18 activities. 19 Q. Okay. If you turn to page 8 of 20 this document, I'm going to direct your 21 attention to a section entitled "Preventing 22 Opioid Diversion and Abuse." 23 Do you see that? 24 MS. KEARSE: Counsel, I think the 25 witness has testified he's never seen this</p>
<p style="text-align: right;">Page 315</p> <p>1 patient, right? 2 MS. KEARSE: Object to form. 3 A. Yes. 4 - - - - - 5 (Thereupon, Deposition Exhibit 20, 6 Federation of State Medical Boards 7 Model Policy on the Use of Opioid 8 Analgesics in the Treatment of 9 Chronic Pain, July 2013, 10 SUMMIT_001233672 to 001233700, was 11 marked for purposes of 12 identification.) 13 - - - - - 14 Q. I'm going to mark the next exhibit 15 here as Exhibit 20 for your deposition. I'm 16 handing it to you now. 17 MR. BOEHM: And, Anne, there's a 18 copy for you. 19 Q. This is a July 2013 document from 20 the Federation of State Medical Boards. Do you 21 see that? 22 A. I do see that. 23 Q. We talked earlier about the Ohio 24 medical board? 25 A. Yes.</p>	<p style="text-align: right;">Page 317</p> <p>1 document. I don't think there's any foundation 2 to ask him questions about the document. It 3 speaks for itself. 4 Q. Do you see that section of the 5 document? 6 MS. KEARSE: Objection. 7 A. Yes, I do. 8 Q. Okay. If you go to the third 9 paragraph of that section, the first sentence 10 says, "The board will judge the validity of the 11 physician's treatment of a patient on the basis 12 of available documentation rather than solely 13 on the quantity and duration of medication 14 administered." 15 Do you see that? 16 A. Yes. 17 Q. Do you agree that the quantity and 18 duration of prescription opioids alone cannot 19 determine the validity of an individual 20 prescribing decision by a licensed physician? 21 MS. KEARSE: Object to form. 22 Improper question. 23 A. I -- I'm not a -- I'm not a medical 24 practitioner, so I don't really -- I don't know 25 that I'm qualified to -- to have an opinion</p>

<p style="text-align: right;">Page 318</p> <p>1 about that.</p> <p>2 Q. Uh-huh. And you indicated earlier</p> <p>3 today you're not familiar with any of the</p> <p>4 federal agencies or specific regulations in</p> <p>5 place to set quotas for the amount of</p> <p>6 controlled substances, including prescription</p> <p>7 opioids, that are made available in the United</p> <p>8 States, correct?</p> <p>9 A. That's correct.</p> <p>10 Q. And you're not familiar with any of</p> <p>11 the specific federal regulations or agencies</p> <p>12 that govern the distribution of controlled</p> <p>13 substances, including prescription opioids,</p> <p>14 true?</p> <p>15 A. That's correct.</p> <p>16 Q. And you agree that in order to</p> <p>17 assess whether or not a physician is</p> <p>18 overprescribing, you have to take into account</p> <p>19 case-by-case, patient-specific factors, right?</p> <p>20 MS. KEARSE: Object to form.</p> <p>21 A. Yes.</p> <p>22 Q. All right. You can set that one</p> <p>23 aside.</p> <p>24 Going back just for a moment to our</p> <p>25 earlier discussion about the claims data that</p>	<p style="text-align: right;">Page 320</p> <p>1 prescription opioid medications that are used</p> <p>2 by individuals for reasons other than a</p> <p>3 legitimate medical need --</p> <p>4 MS. KEARSE: Object to form.</p> <p>5 Q. -- are --</p> <p>6 MS. KEARSE: Oh, sorry.</p> <p>7 Q. -- come from a legitimate</p> <p>8 prescription from a licensed physician to the</p> <p>9 individual who is misusing the drug?</p> <p>10 A. I have no way of knowing that.</p> <p>11 Q. Why don't you have any way of</p> <p>12 knowing that?</p> <p>13 A. Because I don't -- because it falls</p> <p>14 outside the scope of -- of the work that we do</p> <p>15 at the board. We don't investigate the -- we</p> <p>16 don't investigate the sources and -- and</p> <p>17 medical -- medical -- we don't -- we don't --</p> <p>18 it just falls outside of our domain.</p> <p>19 Q. Have you ever seen any data that</p> <p>20 would give you insight into the question of</p> <p>21 what percentage of prescription opioid pills</p> <p>22 that are being used or misused for reasons</p> <p>23 other than a legitimate medical need come from</p> <p>24 a legitimate prescription from a licensed</p> <p>25 prescriber to the individual who is misusing</p>
<p style="text-align: right;">Page 319</p> <p>1 you have available, we talked about the fact</p> <p>2 that you can't really distinguish between</p> <p>3 prescription opioids and illicit opioids in</p> <p>4 terms of assessing those data.</p> <p>5 Is that also true with respect to</p> <p>6 differentiating as between different types of</p> <p>7 prescription opioids?</p> <p>8 A. All our claims data show us is</p> <p>9 whether or not an opioid was involved.</p> <p>10 Q. It doesn't say whether it's</p> <p>11 prescription or illicit, right?</p> <p>12 A. Our claims data only states the</p> <p>13 classification of the -- of the substance.</p> <p>14 Q. Does your claims data allow you to</p> <p>15 determine, to the extent a substance was a</p> <p>16 prescription opioid, where that particular</p> <p>17 prescription was filled?</p> <p>18 A. If we don't know whether or not it</p> <p>19 was a prescription pain medication from our</p> <p>20 claims data, then, by extension, we wouldn't</p> <p>21 know where it was filled.</p> <p>22 Q. And by extension, you wouldn't know</p> <p>23 which physician prescribed it?</p> <p>24 A. That's correct.</p> <p>25 Q. Do you know what percentage of</p>	<p style="text-align: right;">Page 321</p> <p>1 that drug?</p> <p>2 MS. KEARSE: Object to form.</p> <p>3 A. No. I don't have access to any of</p> <p>4 that kind of data.</p> <p>5 MR. BOEHM: Okay. I'm going to</p> <p>6 mark this next document as Exhibit 21.</p> <p>7 - - - - -</p> <p>8 (Thereupon, Deposition Exhibit 21,</p> <p>9 3/22/2016 E-Mail Re: The Recorder:</p> <p>10 Missing Mark on Addiction,</p> <p>11 SUMMIT_001039666 to 001039667, was</p> <p>12 marked for purposes of</p> <p>13 identification.)</p> <p>14 - - - - -</p> <p>15 Q. This is a document that was</p> <p>16 produced to us by your lawyers here. And it</p> <p>17 looks like it's cut-and-paste of an article</p> <p>18 from a publication called The Recorder.</p> <p>19 "Missing Mark on Addiction."</p> <p>20 Do you see that?</p> <p>21 A. Uh-huh.</p> <p>22 Q. If you look in the third paragraph</p> <p>23 of this March 20, 2016, article, the third</p> <p>24 sentence says, "Most, 80 percent, of pills used</p> <p>25 for a person's addiction don't come from a</p>

<p style="text-align: right;">Page 322</p> <p>1 legitimate prescription; they come for 2 diversion." 3 Do you see that? 4 A. Yes, I see that. 5 Q. Is that true with respect to the 6 percentage of pills used for a person's 7 addiction in Summit County? 8 A. I don't know. 9 Q. Do you have any reason to question 10 that statistic based on what you do know about 11 the opioid epidemic in Summit County? 12 MS. KEARSE: Object to form. 13 A. I'm sorry. Can you ask that 14 question again, please? 15 Q. Do you have any reason to disagree 16 with this statistics here, the 80 percent 17 statistic -- 18 MS. KEARSE: Object to form. 19 Q. -- that's in this article, based on 20 what you do know about the opiate epidemic in 21 Summit County? 22 MS. KEARSE: The same objection. 23 A. I don't have any reason to question 24 this data. 25 Q. If you go to the next paragraph,</p>	<p style="text-align: right;">Page 324</p> <p>1 Q. Okay. You understand that in 2 Summit County, as in Ohio, as in the United 3 States, that the fentanyl that's being detected 4 in toxicology reports of overdose victims is 5 almost exclusively illicitly manufactured 6 fentanyl, oftentimes from China and Mexico? 7 MS. KEARSE: Object to form. 8 A. Yes. 9 Q. And here in the next paragraph, if 10 you keep going down the article, this 11 individual says, "I'm seeing people whose first 12 drug was heroin. They did not have a pill 13 problem." 14 A. I'm sorry -- 15 Q. It's the next paragraph down. 16 A. From -- which par- -- can you give 17 me a number? 18 Q. It begins, "For the time" -- "For 19 the first time in 14 years." 20 A. Okay. 21 Q. Now, do you see that this person is 22 saying they're seeing people whose first drug 23 was heroin? 24 A. Yes. 25 Q. And they did not have a pill</p>
<p style="text-align: right;">Page 323</p> <p>1 the last sentence says that, "The real killer 2 is cheap, potent, often tainted heroin." 3 Do you see that? 4 A. Yes, I see that. 5 Q. Is that something that you agree 6 with insofar as it concerns Summit County? 7 MS. KEARSE: Object to form. 8 A. Opiates are the -- are the real 9 killer. I don't know. The -- the fentanyl 10 and -- and carfentanil have been the culprit in 11 most of these fatalities. 12 Q. You say they have been, or you 13 don't know if they have -- 14 A. They have been. 15 Q. They have. 16 A. They have been, yes. 17 Q. Okay. For how many years have 18 fentanyl and carfentanil been the primary 19 drivers of opioid-related overdose deaths in 20 Summit County? 21 A. I would say probably the last five 22 or six years, for sure. It's been present even 23 before that, but I think the -- the -- that the 24 diverted fentanyl versus the street fentanyl, I 25 think, has become more and more prolific.</p>	<p style="text-align: right;">Page 325</p> <p>1 problem. 2 Are you seeing a similar phenomenon 3 in Summit County in terms of trends of use and 4 initiation of opioid addiction? 5 A. We don't -- we don't track that. 6 We don't track that, so I would have no way of 7 knowing. 8 We use the national statistics as 9 we become aware of them, and the national 10 statistics -- I think the latest that I've 11 heard is that 83 percent of people who are 12 using illicit drugs start with prescription 13 pain medications. 14 Q. Do you agree that in Summit County 15 most first-time abusers of prescription opioids 16 obtain them from family or friends, not from a 17 licensed physician? 18 MS. KEARSE: Object to form. 19 A. Am I aware that that's the case? 20 Q. Do you agree? 21 A. Do I agree? I don't know. I don't 22 know that for a fact. 23 Q. Do you know who Lou LaMarca is? 24 A. The name doesn't strike a chord. 25 Q. Have you ever heard of the</p>

<p style="text-align: right;">Page 326</p> <p>1 Community Assessment and Treatment Services?</p> <p>2 A. No.</p> <p>3 Q. When you say "strike a chord," I</p> <p>4 just want to make sure you mean doesn't ring a</p> <p>5 bell?</p> <p>6 A. It doesn't ring a bell. No, it</p> <p>7 doesn't.</p> <p>8 Q. I didn't know if you just meant</p> <p>9 that --</p> <p>10 A. That was Ohio vernacular.</p> <p>11 Q. -- hearing the -- hearing the name</p> <p>12 didn't make you angry or anything.</p> <p>13 MR. BOEHM: Struggling to find a</p> <p>14 place for this. I'm going to put this exhibit</p> <p>15 sticker in the middle because I found some</p> <p>16 space there. It's Exhibit 22.</p> <p>17 - - - - -</p> <p>18 (Thereupon, Deposition Exhibit 22,</p> <p>19 10/10/2017 E-Mail Chain Re: Update</p> <p>20 from Dr. Gilson, CUYAH_002049206 to</p> <p>21 002048210, was marked for purposes</p> <p>22 of identification.)</p> <p>23 - - - - -</p> <p>24 Q. It's an October 2017 e-mail from</p> <p>25 Lou LaMarca. And he says -- well, we can</p>	<p style="text-align: right;">Page 328</p> <p>1 to object to this line of question on a</p> <p>2 document that he's never received that suggests</p> <p>3 that he's on this e-mail chain --</p> <p>4 MR. BOEHM: Okay.</p> <p>5 MS. KEARSE: -- and it's a Cuyahoga</p> <p>6 exhibit.</p> <p>7 MR. BOEHM: Okay.</p> <p>8 Q. My question for you is in relation</p> <p>9 to this very short e-mail from Mr. LaMarca --</p> <p>10 A. Yes.</p> <p>11 Q. -- in relation to this update that</p> <p>12 he had received from Dr. Gilson.</p> <p>13 And he says, "It is rare for one of</p> <p>14 our clients to have started with a medically</p> <p>15 necessary opioid prescription."</p> <p>16 Do you see that?</p> <p>17 A. I do see that.</p> <p>18 Q. Is that true with respect to what</p> <p>19 you see in Summit County and what you have seen</p> <p>20 in Summit County?</p> <p>21 A. Like I said, before, we don't track</p> <p>22 that information. And our Oriana House has</p> <p>23 tracked that information in the past and -- and</p> <p>24 has provided us some data, but that was several</p> <p>25 years ago.</p>
<p style="text-align: right;">Page 327</p> <p>1 actually go down a little bit.</p> <p>2 Do you know here today in Summit</p> <p>3 County the extent to which individuals</p> <p>4 suffering from opiate use disorder have</p> <p>5 initiated their opioid use with heroin or other</p> <p>6 illicit opioid?</p> <p>7 A. No. We have no way of knowing</p> <p>8 that.</p> <p>9 Q. Okay.</p> <p>10 MS. KEARSE: Counsel, I'm just</p> <p>11 going -- I know you've marked 22. Is this --</p> <p>12 this is not a document that's come out of</p> <p>13 Summit County's file.</p> <p>14 MR. BOEHM: Correct. It's a</p> <p>15 Cuyahoga County-produced document.</p> <p>16 MS. KEARSE: Right. And -- and the</p> <p>17 witness has testified he doesn't even know who</p> <p>18 Lou LaMarca is, and I'm not sure that the</p> <p>19 witness was a recipient of this e-mail as well.</p> <p>20 MR. BOEHM: Okay.</p> <p>21 Q. I just have --</p> <p>22 MR. BOEHM: Understood.</p> <p>23 Q. I just have a quick question for</p> <p>24 you about it, and then we'll keep moving.</p> <p>25 MS. KEARSE: Okay. Well, I'm going</p>	<p style="text-align: right;">Page 329</p> <p>1 Q. Okay. Receiving a pill for a</p> <p>2 prescription opioid that didn't come from a</p> <p>3 doctor but come -- came from family or friends</p> <p>4 or from a drug dealer on the street or from</p> <p>5 some other diverted source, like theft, that's</p> <p>6 not the same as obtaining a prescription pain</p> <p>7 medication from a licensed physician for a</p> <p>8 legitimate medical need, fair?</p> <p>9 MS. KEARSE: Object to form.</p> <p>10 A. That's fair.</p> <p>11 Q. Do you know the percentage of</p> <p>12 first-time abusers of -- of prescription</p> <p>13 opioids in Summit County who have obtained them</p> <p>14 from sources other than a licensed physician</p> <p>15 for a legitimate medical need?</p> <p>16 MS. KEARSE: Object to form.</p> <p>17 A. I believe I already answered that.</p> <p>18 We don't track that information.</p> <p>19 Q. Would there be any way for you to</p> <p>20 try and figure that out based on the data</p> <p>21 available to you?</p> <p>22 A. We don't -- we don't capture that</p> <p>23 data anywhere in our system that I'm aware of.</p> <p>24 Q. We talked earlier about</p> <p>25 conversations you've had with the county</p>

<p style="text-align: right;">Page 330</p> <p>1 executive or people from the county executive's 2 office in connection with the opioid epidemic. 3 I want to ask you questions about the county 4 council. 5 Do you ever have communications 6 with the Summit County Council about the opioid 7 epidemic? 8 A. I've had conversations with council 9 as a whole, and also with individual members, 10 yes. 11 Q. When have you had those 12 conversations? 13 A. Periodically, we are called to 14 present to council a financial picture of our 15 agency, and also to offer any information that 16 they might find helpful. 17 Typically, we're responding to a 18 request for information of some sort. So the 19 county council may reach out to me through 20 their -- through their clerk and ask me to come 21 and be prepared to talk about such-and-such an 22 issue, so -- so we've done that. 23 And I also meet with individual 24 county council members on -- on about an 25 every-other-month basis.</p>	<p style="text-align: right;">Page 332</p> <p>1 inform some of their campaigning. And I'm 2 drawing a blank on the name of the individual. 3 So there have been -- those are the 4 ones that I can recall at this point in time. 5 - - - - - 6 (Thereupon, Deposition Exhibit 23, 7 ADM Slide Deck Titled "The Opiate 8 Epidemic: Our Community Response", 9 was marked for purposes of 10 identification.) 11 - - - - - 12 MR. BOEHM: Okay. I want to mark 13 the next document as Exhibit 23. I'm giving 14 that to you now. 15 And unfortunately this is a 16 document that was produced in native format, 17 and I do not know the -- if or what the Bates 18 number is, but I'm happy to see if we can track 19 that down and supplement the record on that. 20 Q. But do you see that this is a slide 21 deck for a presentation from the Summit County 22 ADAMHS Board? 23 A. Yes. 24 Q. Are you familiar with this 25 particular slide deck?</p>
<p style="text-align: right;">Page 331</p> <p>1 Q. And do you discuss with individual 2 county council members the opioid epidemic? 3 A. In part, along with a lot of the 4 other activities that the board's engaged in. 5 Q. Are there any county council 6 members who, from your perspective, have taken 7 a particular interest in issues related to the 8 opioid epidemic in the county? 9 A. By "particular interest," I'm not 10 sure what you mean. 11 Q. I just mean that they've been more 12 active in wanting to communicate with you or 13 asking questions, or, really, any involvement 14 or interest in the epidemic in the county. 15 A. There have been a handful of county 16 council members over the years who have reached 17 out to me to get some education or -- or at 18 least a better understanding of the issue, yes. 19 Q. Okay. And who are those council 20 members? 21 A. Tamela Lee was -- was one person. 22 Jeff Wilhite is somebody else. 23 Some individuals who are running 24 for county council who wanted to help -- were 25 interested in learning more about this to help</p>	<p style="text-align: right;">Page 333</p> <p>1 A. It looks familiar to me. I 2 would -- I -- I believe that this is one that 3 possibly Dr. Smith used. 4 Q. Okay. Do you know if you've ever 5 used this slide deck? 6 A. I probably used parts of it, but 7 not this specific slide deck, no. 8 Q. It's a little tricky because, 9 again, we don't have page numbers -- 10 A. Sure. 11 Q. -- but we'll see if we can muddle 12 our way through it. 13 I want to ask you questions in 14 particular about -- oh, you're almost there. 15 It's the slide that says, "Typical Opiate 16 Heroin Addict." 17 A. Uh-huh. 18 Q. "The Current Path to Heroin 19 Addiction." Do you see that? 20 A. Yes. 21 Q. And the first checkmark there says, 22 "Started on prescription pain medication a few 23 years ago for a legitimate injury." 24 Do you see that? 25 A. Yes, I do.</p>

<p style="text-align: right;">Page 334</p> <p>1 Q. I think you testified -- I just 2 want to make sure I understand -- that in 3 Summit County you actually don't track 4 information and can't really provide 5 information about whether or not it's most 6 common for somebody to initiate the use of 7 opioids, prescription or not, based on a 8 legitimate prescription for a legitimate 9 medical need, right?</p> <p>10 A. Yes, I did.</p> <p>11 MS. KEARSE: Object to form.</p> <p>12 Q. And do you -- and do you stand by 13 that testimony, notwithstanding this 14 characterization in this particular slide?</p> <p>15 A. Yes.</p> <p>16 Q. And you don't know what data, if 17 any, were used to back up the statement that's 18 presented in the first checkmark on this slide?</p> <p>19 A. I do not.</p> <p>20 Q. Okay. Do you know if, in Summit 21 County, opioid-related overdose deaths are 22 categorized as between prescription opioids and 23 non-prescription, illegal, illicit opioids?</p> <p>24 A. I don't know that.</p> <p>25 Q. When did you start paying attention</p>	<p style="text-align: right;">Page 336</p> <p>1 Q. But ultimately you did decide it 2 was important to have that, right?</p> <p>3 A. The Opiate Task Force decided that 4 that would be a good metric to see whether or 5 not we're making progress in trying to impact 6 this particular aspect of the -- of the 7 epidemic, yes.</p> <p>8 Q. Not just making progress, but also 9 to understand better what substances were being 10 used and abused in Summit County, right?</p> <p>11 MS. KEARSE: Object to form.</p> <p>12 A. I think that was a -- I think that 13 was a secondary benefit of collecting that 14 information.</p> <p>15 Q. And it's been useful, for example, 16 to know that it's been fentanyl and carfentanil 17 that have been the primary drivers of overdose 18 death in Summit County, because you know that 19 from looking at the overdose data from the 20 medical examiner's office, right?</p> <p>21 A. Yes.</p> <p>22 Q. Have you ever read the President's 23 Commission report on the opioid epidemic?</p> <p>24 A. Which president are you talking 25 about? President Trump?</p>
<p style="text-align: right;">Page 335</p> <p>1 to overdose death data from the Summit County 2 office of the medical examiner?</p> <p>3 MS. KEARSE: Object to form. Asked 4 and answered.</p> <p>5 A. Sometime after 2014. During or 6 after 2014.</p> <p>7 Q. When you noticed the burgeoning 8 opiate population that we talked about earlier 9 in July -- that was referenced in July 2011, 10 did you, at that time, consider communicating 11 in any way with the office of medical examiner 12 to better understand the information that was 13 coming from there?</p> <p>14 A. No.</p> <p>15 Q. Do you agree that it would have 16 been helpful for you to have been aware and had 17 access to overdose data from the medical 18 examiner's office for Summit County?</p> <p>19 A. Not within the scope of our 20 responsibility, no.</p> <p>21 Q. Okay. Why not?</p> <p>22 A. Because we were trying to gauge 23 the -- the demand and capacity for treatment, 24 and looking at overdose data really wouldn't 25 help us to gauge the demand for treatment.</p>	<p style="text-align: right;">Page 337</p> <p>1 Q. I believe that President Trump 2 established a committee to -- to look into the 3 opioid epidemic, and that committee prepared a 4 report. It was chaired by Governor Chris 5 Christie.</p> <p>6 Are you familiar with that?</p> <p>7 A. I am familiar with that. I'm 8 familiar with the report. I don't know -- I 9 don't know if I actually looked at the report 10 itself or not.</p> <p>11 Q. You're not sure whether or not 12 you've ever read the report?</p> <p>13 A. That's -- that's correct.</p> <p>14 Q. Do you have any recollection, 15 sitting here today, that you've ever read the 16 report from the President's Commission?</p> <p>17 A. I don't know that I've read the 18 report itself. We may have talked about some 19 things that were in the report in different -- 20 different professional settings, but I -- I 21 cannot recall actually reading the report.</p> <p>22 Q. Why didn't you read the report when 23 it came out?</p> <p>24 MS. KEARSE: Object to form.</p> <p>25 A. Because I didn't feel it would be a</p>

<p style="text-align: right;">Page 338</p> <p>1 good use of my time.</p> <p>2 Q. Why not?</p> <p>3 A. Because I was pressed with other</p> <p>4 things that we were trying to get done in the</p> <p>5 community.</p> <p>6 - - - - -</p> <p>7 (Thereupon, Deposition Exhibit 24,</p> <p>8 1/21/2011 Document Titled "Craig's</p> <p>9 List," SUMMIT_001233282 to</p> <p>10 001233283, was marked for purposes</p> <p>11 of identification.)</p> <p>12 - - - - -</p> <p>13 Q. Is it fair to say that you believed</p> <p>14 you had higher priorities, based on your</p> <p>15 overall responsibilities as the head of the</p> <p>16 Summit County ADAMHS Board, than reading the</p> <p>17 President's Commission report on combatting</p> <p>18 drug addiction and the opioid crisis?</p> <p>19 A. Yes. Now, I did -- I did read</p> <p>20 newspaper accounts of the report, and there</p> <p>21 wasn't anything in there that I felt would be</p> <p>22 particularly -- there was nothing in those</p> <p>23 accounts that compelled me to read the report.</p> <p>24 Q. Are you somebody who typically</p> <p>25 trusts media reports over primary sources of</p>	<p style="text-align: right;">Page 340</p> <p>1 A. Yes.</p> <p>2 Q. And my question to you is whether</p> <p>3 or not you're somebody who typically relies on</p> <p>4 media reports rather than on the primary</p> <p>5 sources of information relevant to the job you</p> <p>6 do in Summit County, and, in particular, as it</p> <p>7 concerns the opioid epidemic?</p> <p>8 MS. KEARSE: Objection to form.</p> <p>9 A. Is that a question?</p> <p>10 Q. It is.</p> <p>11 A. If I -- if I primarily rely on</p> <p>12 media reports in Summit County to inform the</p> <p>13 work that we do at the ADM Board?</p> <p>14 Q. If -- if you're someone who</p> <p>15 typically relies on media accounts rather than</p> <p>16 primary sources of information insofar as it</p> <p>17 concerns the opiate epidemic.</p> <p>18 A. No, I don't primarily rely on media</p> <p>19 reports.</p> <p>20 As I said before, there are --</p> <p>21 there are some things that I read and I -- and</p> <p>22 information that I -- that I pick up that is --</p> <p>23 that sources data, and I will often go back to</p> <p>24 that data source to -- to see where it came</p> <p>25 from and to check the legitimacy of -- of that</p>
<p style="text-align: right;">Page 339</p> <p>1 information?</p> <p>2 MS. KEARSE: Object to form.</p> <p>3 A. No, not necessarily. But I think</p> <p>4 that, you know, as part of an overall -- an</p> <p>5 overarching -- an overarching summary of the</p> <p>6 information, I think the media generally does a</p> <p>7 pretty good job of -- of summarizing at least</p> <p>8 the high points.</p> <p>9 Q. In this case, with respect to the</p> <p>10 President's Commission report on the opioid</p> <p>11 epidemic, you chose to rely on media reports</p> <p>12 rather than to review the primary source; is</p> <p>13 that fair?</p> <p>14 MS. KEARSE: Object to form.</p> <p>15 Mischaracterizes testimony.</p> <p>16 A. Not -- not necessarily. But I</p> <p>17 did -- I did read, so I wasn't totally</p> <p>18 unfamiliar with the -- with the contents of the</p> <p>19 president's report.</p> <p>20 Q. You didn't read the report, right?</p> <p>21 A. I did not read the report.</p> <p>22 Q. You read media reports and you</p> <p>23 relied on the media reports for your</p> <p>24 understanding of what the report contained,</p> <p>25 right?</p>	<p style="text-align: right;">Page 341</p> <p>1 information.</p> <p>2 Q. Okay. So as you sit here today,</p> <p>3 having not read the report from the President's</p> <p>4 Commission, you can't say whether or not</p> <p>5 there's anything in particular that you</p> <p>6 disagree with or that you agree with; is that</p> <p>7 fair?</p> <p>8 A. That would be fair.</p> <p>9 Q. I'm directing your attention, now,</p> <p>10 to this document marked as Exhibit 24 to your</p> <p>11 deposition. It's dated January 21, 2011, and</p> <p>12 this is one of these newsletters that you refer</p> <p>13 to as "Craig's List," right?</p> <p>14 A. Yes.</p> <p>15 Q. And the title -- what's the title</p> <p>16 of this particular weekly newsletter?</p> <p>17 A. "The Opiate Epidemic."</p> <p>18 Q. Did you come up with the title for</p> <p>19 your weekly newsletter, or did somebody write</p> <p>20 this for you?</p> <p>21 A. That was me.</p> <p>22 Q. Certainly by January 21, 2011, it</p> <p>23 was your view that there was an opioid epidemic</p> <p>24 in Summit County, right?</p> <p>25 MS. KEARSE: Object to form.</p>

<p style="text-align: right;">Page 342</p> <p>1 A. That's what I entitled the form, 2 yes. 3 Q. And you don't disagree with that, 4 sitting here today, right? 5 A. That I don't disagree with what? 6 Q. That there was in your view, as of 7 at least January 21, 2011, an opiate epidemic 8 in Summit County. 9 MS. KEARSE: Object to form. 10 A. That's the term I used to describe 11 the -- the opiate problem, yes. 12 Q. And I'm asking whether or not, 13 sitting here today in early 2019, you some- -- 14 you think you somehow got it wrong when in 15 January 2011 you called -- you titled this 16 document "The Opiate Epidemic." 17 A. Do I think that I got it wrong? I 18 called it -- I called it what I called it. 19 Q. Let me say -- 20 A. I called it what I -- I did call it 21 "The Opiate Epidemic," if that's what you're 22 asking me. 23 Q. And it's fair to say -- 24 A. I wrote that. It's -- it's my 25 language. I'm the one that put "epidemic" in</p>	<p style="text-align: right;">Page 344</p> <p>1 Q. When you -- in and around January 2 of 2011, for example, when you put out your 3 weekly newsletter titled "The Opiate Epidemic," 4 did you, in or around that time, consider OARRS 5 data as part of your investigation and analysis 6 of the causes of the opioid epidemic in Summit 7 County? 8 MS. KEARSE: Object -- 9 A. I don't -- I don't believe so. I 10 don't believe that we began to use OARRS data 11 in an intentional way until we established the 12 Opiate Task Force. 13 Q. Why didn't you consider using OARRS 14 data before the establishment of the Opiate 15 Task Force here in Summit County? 16 A. Because it was a result of my 17 involvement in the Opiate Task Force where I 18 began to understand and appreciate the 19 information that was available on the OARRS 20 website. 21 Prior to that, I knew that there 22 was an automated prescription reporting system, 23 but I wasn't aware that there were actually 24 reports that were available publicly. 25 Q. Okay. You actually were getting</p>
<p style="text-align: right;">Page 343</p> <p>1 there, yes. 2 Q. And you stand by it? 3 A. Yes. 4 Q. Are you familiar with OARRS? 5 A. Yes, I am. 6 Q. What is OARRS? 7 A. It's a mechanism by which the 8 prescribing of certain drugs are tracked 9 through a state-run system that can be accessed 10 by prescribers and other authorized 11 individuals. 12 Q. Do you know when OARRS was 13 established? 14 A. I'm not -- I'm not entirely sure 15 when. 16 Q. Do you agree that ADAMHS Board for 17 Summit County has had access to OARRS data at 18 least since the time that you joined ADAMHS in 19 2007? 20 A. I'm not sure at what point I became 21 aware that we had access to OARRS data. I know 22 that I became aware as a result of our 23 discussions through the task force and possibly 24 earlier, but I don't -- I don't know when I 25 became aware of OARRS data being available.</p>	<p style="text-align: right;">Page 345</p> <p>1 automated reports from the OARRS system before 2 the establishment of the Opiate Task Force in 3 Summit County, true? 4 A. It's possible. 5 Q. And you can't say, sitting here 6 today, when you started receiving data and 7 reports from the OARRS system? 8 A. No, I can't. I don't -- I don't 9 recall. 10 Q. And you don't recall when or if 11 ADAMHS Board had access to data from OARRS? 12 A. I don't know when we had -- when we 13 became aware that we had access to that system. 14 And again, I'm speaking only for 15 myself. My staff may have known, but I was not 16 aware. 17 Q. Okay. Do you recall a time when 18 you first became aware that you had access to 19 OARRS data? 20 A. I can tell you that when we 21 established the Opiate Task Force, we -- at our 22 first meeting we had a rather robust discussion 23 about the OARRS data and how that data could be 24 helpful to us. 25 Q. Okay. Who led that conversation?</p>

<p style="text-align: right;">Page 346</p> <p>1 A. I don't know if it was Dr. Smith or 2 Orman Hall, but both of them were at that 3 meeting, and there was discussion about it. 4 - - - - - 5 (Thereupon, Deposition Exhibit 25, 6 10/22/2013 E-Mail Re: OARRS 7 Quarterly Statistics for Summit 8 County, with Attachment, 9 SUMMIT-001017988, was marked for 10 purposes of identification.) 11 - - - - - 12 Q. I'm giving you a document marked as 13 Exhibit 25 to this deposition that was produced 14 by your lawyers. 15 And do you see this is an example 16 of an automatically generated report -- 17 A. Yes. 18 Q. -- from the OARRS system sent 19 directly to you as the head of the Summit 20 County ADAMHS Board, right? 21 A. Yes. 22 Q. Okay. And this was sent in October 23 2013? 24 A. Yes. 25 Q. Was this before or after the</p>	<p style="text-align: right;">Page 348</p> <p>1 Q. Well -- 2 A. So while we've received these 3 reports from the OARRS system, I don't know 4 that that necessarily meant that we had access 5 to anything further than that. 6 Q. Okay. You switched it up a little 7 bit -- 8 A. Okay. 9 Q. -- by throwing in the online thing. 10 I'm asking you just generally, do 11 you know whether or not you had access to OARRS 12 data in 2006? 13 Goodness, I remember a time in our 14 lives when there was no online and we had to 15 get data in the old-fashioned way. 16 So setting aside the online part, 17 my question to you is whether or not you know 18 whether or not the ADAMHS Board in Summit 19 County had access to OARRS data going back to 20 2006, or certainly earlier than October 2013, 21 the date of this e-mail? 22 MS. KEARSE: Object to form. 23 Twice. 24 A. I don't know -- I don't know when I 25 knew that the OARRS data was available, when I</p>
<p style="text-align: right;">Page 347</p> <p>1 establishment of the Summit County Opiate Task 2 Force? 3 A. It was roughly six months before. 4 Q. And it says here, "Dear Executive 5 Director, attached to this e-mail is the 6 quarterly statistical report for your county 7 from the Ohio State Board of Pharmacy." 8 Do you see that? 9 A. Yes, I do. 10 Q. And the next paragraph says that 11 the OARRS system was established in 2006. Do 12 you see that? 13 A. I do see that. 14 Q. Do you dispute the fact that Summit 15 County and the ADAMHS Board could have had 16 access to data from the OARRS system starting 17 in 2006? 18 MS. KEARSE: Object to form. 19 A. So what this document demonstrates 20 is that we were sent information from OARRS, 21 which is -- you know, obviously that's the 22 case. But it doesn't describe in here anywhere 23 that I'm seeing that it describes that we would 24 have access to data -- additional data online. 25 So I don't know that --</p>	<p style="text-align: right;">Page 349</p> <p>1 first became aware of that. 2 Q. Okay. This particular report from 3 October 2013, you can tell it's automatically 4 generated, right? 5 A. I don't know how it's generated. 6 Q. Okay. Well, it says Ohio Automated 7 Prescription Reporting System. 8 A. Right. 9 Q. Right. And then you have kind of a 10 form e-mail, it looks like. Do you see that? 11 A. I do see that. 12 Q. Do you recall getting other 13 automated quarterly reports from the OARRS 14 system? 15 A. I don't. I don't remember. 16 Q. Is sitting here right now the first 17 time you remember ever having -- or let me back 18 up. 19 As you sit here today, do you 20 remember having ever received this or any other 21 report from the OARRS system? 22 A. I can say that having seen this, it 23 looks familiar, but I don't have -- I can't 24 draw a recollection of being able to see this 25 report on a regular basis.</p>

<p style="text-align: right;">Page 350</p> <p>1 Q. Did you ever endeavor to use data 2 from the OARRS system to try and better 3 understand the opioid epidemic in Summit 4 County? 5 A. Only in the context of our data 6 dashboard for the Opiate Task Force. 7 Q. Describe that. In what respects 8 did you use OARRS data in the context of your 9 data dashboard? 10 A. We used -- we used the OARRS data 11 to -- to be able to track, over time, the 12 number of opiates dispensed per capita. 13 Q. And that's information that's 14 actually here in this October 2013 report, 15 right? 16 A. Yes. 17 Q. This report is telling you the 18 number of doses dispensed overall in the 19 county, right? 20 A. Yes. 21 Q. It's telling you the number of 22 doses dispensed per patient, right? 23 A. Yes. 24 Q. And it's telling you the number of 25 doses dispensed per capita?</p>	<p style="text-align: right;">Page 352</p> <p>1 increase? Let me -- let me strike that. That 2 was clunky. I'm going to try this again and 3 see if I do any better. 4 Do you know, in Summit County, when 5 the number of prescriptions for FDA-approved 6 opioid medications began to go upward? 7 A. Not specifically, no. 8 Q. Do you know generally? 9 A. I -- just trying to think in my 10 mind's eye as I -- some of the charts that I've 11 seen that show an increase through the '90s. 12 Q. Did you know, when you joined the 13 ADAMHS Board in 2007, that the amount of opioid 14 prescribing being done by physicians was 15 increasing in Summit County and elsewhere? 16 MS. KEARSE: Object to form. 17 A. No, I did not. 18 Q. When did you first learn that the 19 amount of prescribing of FDA-approved opioid 20 medications was increasing in Summit County? 21 A. I don't know when I became aware of 22 it. I -- I saw a lot of data from -- in a lot 23 of different venues, so -- and I can't pinpoint 24 when I first became aware of that. 25 Q. Do you know whether Summit County</p>
<p style="text-align: right;">Page 351</p> <p>1 A. Yes. 2 Q. So you're getting all that 3 information in -- in this automatically 4 generated report, fair? 5 A. On a quarterly basis. It looks 6 like that's the case. 7 Q. Did you or anybody else from the 8 Summit County ADAMHS Board ever use data from 9 OARRS in presentations to the public or other 10 individuals about the opioid epidemic in the 11 county? 12 A. Yes, I'm sure we did. 13 Q. Do you agree that the OARRS system 14 is a mechanism to monitor misuse and diversion 15 of controlled substances? 16 A. Yes, I would agree that that's the 17 case. 18 Q. And it's also a system that let's 19 you know the volume of prescription opioids 20 that are being prescribed in Summit County, 21 right? 22 A. Yes. 23 Q. Do you recall or do you know when 24 in Summit County the volume of prescription 25 opioid -- of prescription opioids began to</p>	<p style="text-align: right;">Page 353</p> <p>1 classifies fentanyl-related overdose deaths as 2 prescription opioid deaths? 3 A. I don't know. I would have to ask 4 the medical examiner. 5 Q. Have you ever asked the medical 6 examiner's office about that? 7 A. I have not. 8 Q. Do you know if there's ever been a 9 time when the Summit County Medical Examiner's 10 Office has classified overdoses from illicit 11 fentanyl as a prescription opioid death? 12 A. I would have no way of knowing 13 that. 14 Q. Why do you say you would have no 15 way of knowing that? 16 A. Because I'm not involved in 17 day-to-day discussions or conversations with 18 the medical examiner to analyze her data. That 19 may be a better question for Eric Hutzell. 20 MR. BOEHM: If you guys don't mind, 21 let me take a break and get a little more 22 organized as we head down the stretch. Does 23 that work? 24 MS. KEARSE: If that means you'll 25 be done sooner, yeah.</p>

<p style="text-align: right;">Page 354</p> <p>1 THE VIDEOGRAPHER: Off the record, 2 5:49. 3 (A recess was taken.) 4 THE VIDEOGRAPHER: We're on the 5 record, 6:20. 6 BY MR. BOEHM: 7 Q. Great. We're back from another 8 break, Mr. Craig. 9 Earlier today and several times 10 over the course of the day, we've talked about 11 these claims data that you all have at ADAMHS. 12 Do you remember that? 13 A. Yes. 14 Q. And I asked you whether or not you 15 knew the names of the software or databases 16 that are used to store the claims data? 17 A. Yes. 18 Q. And I think you said that you 19 weren't sure? 20 A. No. I know the name of the 21 software. 22 Q. What's the name of the software? 23 A. It's -- it's called GOSH. And we 24 also have claims data that we've navigated over 25 from an old claims system, which is called</p>	<p style="text-align: right;">Page 356</p> <p>1 system was replaced with the current system, 2 did all of the data from the predecessor system 3 get migrated over to the current system? 4 A. I believe so. 5 Q. Okay. Is there any data in the 6 predecessor system that's not contained in the 7 current system? 8 A. No. No. 9 Q. Would we need to talk to 10 Ms. Peivich in order to confirm that? 11 A. I think Nick Veauthier, who's our 12 IT specialist, would probably be in a better 13 position to talk about what types of data we 14 have now versus the type of data we had before. 15 My -- my understanding is that we 16 have the ability to track more data in our 17 new -- in our new system than we had in our old 18 system. 19 Q. Okay. Which of the two systems did 20 you use for purposes of computing expenditures 21 that you believe are related to the opioid 22 epidemic in -- in Summit County, or did you use 23 both? 24 A. I don't -- I don't know. I don't 25 know if we -- I don't know.</p>
<p style="text-align: right;">Page 355</p> <p>1 MACSIS. 2 Q. Okay. 3 A. Both of those are acronyms. 4 Q. Are those the two systems that you 5 all use to compute expenditures that you 6 believe are related to opioid use disorder? 7 A. This -- this is the software that 8 we use to collect claims information for 9 payment purposes and from which we pull claims 10 data. 11 Q. And you said that MACSIS -- is that 12 M-A-C-S-I-S? 13 A. Yes. 14 Q. You said that's the predecessor or 15 the current system? 16 A. The predecessor. 17 Q. Okay. So -- and GOSH? Is that 18 G-O-S-H? 19 A. Yes. 20 Q. Is that the current system? 21 A. Yes. 22 Q. When was the GOSH System put in 23 place? 24 A. Roughly two years ago. 25 Q. At the time when the predecessor</p>	<p style="text-align: right;">Page 357</p> <p>1 Q. Who would I have to ask about -- 2 A. You'd have to -- 3 Q. -- which systems were used for the 4 computation? 5 A. You'd have to ask Nick. 6 Q. Would Ms. Peivich know that as 7 well? 8 A. Possibly. 9 Q. Okay. Exhibit 2 is a document that 10 we marked and then didn't really spend any time 11 on, so I just wanted to very quickly go back to 12 it. 13 A. Okay. 14 Q. You see that document? 15 A. I do see that document, yes. 16 Q. And this was an exchange between 17 you and Ms. Walter from November of 2017? 18 A. Yes. 19 Q. Is this an e-mail exchange that you 20 had with Ms. Walter? 21 A. Yes, it is. 22 Q. Okay. 23 MR. BOEHM: I'm marking Exhibit 26 24 to your deposition, which is an e-mail exchange 25 from October of 2015.</p>

<p style="text-align: right;">Page 358</p> <p>1 - - - - -</p> <p>2 (Thereupon, Deposition Exhibit 26,</p> <p>3 10/26/2015 E-Mail Chain Re: CDC</p> <p>4 Health Advisory - Fentanyl-Related</p> <p>5 Overdose Fatalities,</p> <p>6 SUMMIT_001029476 to 001029477, was</p> <p>7 marked for purposes of</p> <p>8 identification.)</p> <p>9 - - - - -</p> <p>10 Q. And the e-mail exchange appears to</p> <p>11 be between yourself and Ms. Kim McMahan. Do</p> <p>12 you see that?</p> <p>13 A. Yes.</p> <p>14 Q. Who is Kim McMahan?</p> <p>15 A. She's a reporter and columnist for</p> <p>16 the Akron Beacon Journal. Since retired.</p> <p>17 Q. Okay. In this October 26, 2015,</p> <p>18 exchange, you write to Ms. McMahan at</p> <p>19 a.m., that "The report was helpful in</p> <p>20 understanding that this is not a diversion</p> <p>21 problem."</p> <p>22 And I'll just note that the subject</p> <p>23 of this e-mail exchange is "CDC health</p> <p>24 advisory, fentanyl-related overdose</p> <p>25 fatalities."</p>	<p style="text-align: right;">Page 360</p> <p>1 Q. What does CDC stand for?</p> <p>2 A. Center for Disease Control and</p> <p>3 Prevention.</p> <p>4 Q. And you indicate that your view is</p> <p>5 the report had been helpful in understanding</p> <p>6 that this is not a diversion problem. Do you</p> <p>7 recall what you meant by that?</p> <p>8 A. As it -- that -- yes, I do recall</p> <p>9 what I meant by that. I think it was probably</p> <p>10 one of the first times that I was aware that</p> <p>11 there was illicit fentanyl -- illicitly</p> <p>12 produced fentanyl, synthetic fentanyl, for --</p> <p>13 for lack a better way of saying it, in our</p> <p>14 community. And so -- so the fact that -- that</p> <p>15 we're seeing that in our community was a</p> <p>16 sobering fact.</p> <p>17 Q. And it says, "I was not aware that</p> <p>18 it could be so easily manufactured."</p> <p>19 A. Yes.</p> <p>20 Q. And what did you mean by that?</p> <p>21 A. Just what I said. Just what I</p> <p>22 said.</p> <p>23 Q. That it wasn't being made by</p> <p>24 pharmaceutical companies; it was being made by</p> <p>25 drug cartels, often in Mexico and China, right?</p>
<p style="text-align: right;">Page 359</p> <p>1 Did I get all that right?</p> <p>2 A. Yes.</p> <p>3 Q. Do you remember what this report</p> <p>4 was about?</p> <p>5 A. I need to look at this and then I</p> <p>6 can -- I can tell you.</p> <p>7 Q. Sure.</p> <p>8 A. Let me just start at the beginning</p> <p>9 here.</p> <p>10 Okay.</p> <p>11 Q. Okay. So I think my question was</p> <p>12 whether or not you can tell us what this report</p> <p>13 was about.</p> <p>14 A. I don't re- -- I don't recall. I</p> <p>15 can only look at it in the context of somebody</p> <p>16 from public health sent me a health advisory,</p> <p>17 and we were reacting to the content of that.</p> <p>18 Q. Okay. And it looks like the</p> <p>19 advisory had to do with fentanyl-related</p> <p>20 overdose fatalities?</p> <p>21 A. Yes.</p> <p>22 Q. Okay. And it was from the CDC?</p> <p>23 A. That's correct.</p> <p>24 Q. Do you know what the CDC is?</p> <p>25 A. Yes.</p>	<p style="text-align: right;">Page 361</p> <p>1 MS. KEARSE: Object to form.</p> <p>2 A. I was -- and again, I don't -- I</p> <p>3 don't remember exactly what I was reacting to,</p> <p>4 but I think I was surprised that it could be</p> <p>5 manufactured in a laboratory.</p> <p>6 Q. Okay. Independent of this</p> <p>7 exchange, you're aware that the fentanyl that's</p> <p>8 largely being used in Summit County, and for</p> <p>9 that matter in other parts of the United</p> <p>10 States, is largely being manufactured by</p> <p>11 cartels in other countries?</p> <p>12 MS. KEARSE: Object to form.</p> <p>13 A. Yes. And I came to understand that</p> <p>14 later as I -- as I looked into this a little</p> <p>15 bit further.</p> <p>16 - - - - -</p> <p>17 (Thereupon, Deposition Exhibit 27,</p> <p>18 March 2018 E-Mail Chain Re: Plan -</p> <p>19 Progressive Opioid Event, with</p> <p>20 Attachment, SUMMIT_001102842 to</p> <p>21 001102843, was marked for purposes</p> <p>22 of identification.)</p> <p>23 - - - - -</p> <p>24 Q. This is now a document marked</p> <p>25 Exhibit 27. It's an e-mail from March 2018,</p>

<p style="text-align: right;">Page 362</p> <p>1 attached to which there is a slide deck. 2 And this is something that you 3 received in March 2018, right? 4 A. Yes. 5 Q. And the title of this deck is, "The 6 Prescription Pill and Heroin/Fentanyl 7 Epidemic," right? 8 A. Yes. 9 Q. Again, unfortunately this slide 10 deck does not come with numbers, but if you go 11 to the fourth page you see -- 12 A. The fourth total page or the fourth 13 page of the slide deck? 14 Q. Yeah. Thank you. Fourth page of 15 the slide deck. 16 You see -- 17 A. "The Dealer in your Medicine 18 Cabinet"? Yes. 19 Q. Right. The title of this slide is 20 "The Dealer in your Medicine Cabinet." 21 Do you know what that refers to? 22 A. Yes. 23 Q. What -- what is your understanding 24 of that? 25 A. It refers to diversion.</p>	<p style="text-align: right;">Page 364</p> <p>1 particular statistic appears to come from the 2 CDC, and that was my question, whether or not 3 you had any data in Summit County on this same 4 subject. 5 A. No, we do not. 6 Q. If you turn over a couple pages, 7 you see a slide that says, "From Prescription 8 Pills to Heroin: A New Epidemic." 9 A. Yes. 10 Q. And the first bullet point there 11 says, "By 2010, heroin is the number one drug 12 threat in the United States." 13 Do you see that? 14 A. I do see that. 15 Q. Do you agree with that statement? 16 A. I have no way of -- of evaluating 17 that statement. 18 Q. I'm really asking you, based on 19 your position at the ADAMHS Board for Summit 20 County since 2007 and as its director since 21 2010, in that capacity, do you agree or 22 disagree with the statement that "By 2010, 23 heroin was the number one drug threat in the 24 United States"? 25 MS. KEARSE: Object to form.</p>
<p style="text-align: right;">Page 363</p> <p>1 Q. In other words, people taking 2 medications that are not prescribed for them 3 and using them for non-medical needs? 4 MS. KEARSE: Object to form. 5 A. Yes, that's -- 6 Q. This particular slide indicates 7 that prescription drugs were the leading cause 8 until 2012, when surpassed by heroin. 9 Do you see that? 10 A. Yes. 11 Q. Is that consistent with your 12 understanding of what's happened in Summit 13 County? 14 MS. KEARSE: Object to form. 15 A. I don't -- I don't know where this 16 information came from. I believe this is a 17 slide deck that was used by one of the other 18 presenters, so I don't have any -- he sources, 19 I guess, the Centers for Disease Control, 20 but -- 21 Q. Yeah. 22 A. -- I don't have -- we don't have -- 23 I don't have access to any information in 24 Summit County. 25 Q. Okay. Yeah, you're right. This</p>	<p style="text-align: right;">Page 365</p> <p>1 A. And -- and I can tell you I don't 2 really know. I don't know that. 3 Q. It indicates here that "By 2010, 4 large amounts of heroin were coming into the 5 United States from Mexico." 6 Do you see that? 7 A. I do see that. 8 Q. Do you agree with that statement? 9 MS. KEARSE: Object to form. 10 A. Again, I don't know. This is -- I 11 don't know that I can stipulate to this 12 information. I don't know the source of it, 13 and I don't know -- I can't confirm or -- or 14 deny it. 15 Q. Uh-huh. Have you ever undertaken 16 any effort to try and understand when in Summit 17 County large amounts of illicit heroin were 18 coming into the borders of the county? 19 MS. KEARSE: Object to form. 20 A. No, I don't believe I have. 21 Q. Are you familiar with the term 22 "black tar heroin"? 23 A. Yes, I am. 24 Q. Is that something that has shown up 25 in Summit County?</p>

<p style="text-align: right;">Page 366</p> <p>1 A. I -- I don't recall reading 2 anything about black tar heroin in Summit 3 County. 4 Q. So you don't know one way or 5 another whether or not black tar heroin has, in 6 part, fueled the opiate epidemic in Summit 7 County? 8 MS. KEARSE: Object to form. 9 A. I've read about black tar heroin in 10 the context of the Dreamland book. I know that 11 we get some reports from the Ohio Substance 12 Abuse Monitoring Network that mentions that in 13 terms of how available it is and in what 14 form -- how available heroin is and in what 15 form, but I don't have a -- a distinct 16 recollection. 17 Q. Okay. As the head of the ADAMHS 18 Board since 2010, do you know whether or not 19 black tar heroin has, in part, driven the 20 opioid epidemic within Summit County? 21 MS. KEARSE: Object to form. Asked 22 and answered. 23 A. I don't know. 24 Q. Have you ever asked anybody about 25 that?</p>	<p style="text-align: right;">Page 368</p> <p>1 Do you see that? 2 A. I do see that. 3 Q. Would you agree with that statement 4 insofar as it concerns Summit County? 5 MS. KEARSE: Object to form. 6 A. I -- I have no way of knowing. 7 Q. All right. If you skip down to the 8 bottom of the page, do you see it says, "Heroin 9 and fentanyl are directly linked to Mexico 10 DTOs"? 11 A. Yes, I do see that. 12 Q. Okay. Do you know what that means? 13 A. I don't know what DTOs are. 14 Q. Does drug trafficking organization 15 sound right to you? 16 A. That makes sense, yes. 17 Q. Is it your understanding that the 18 heroin and fentanyl that you see here in Summit 19 County is linked to Mexican and -- and drug 20 trafficking organizations from other countries 21 as well? 22 MS. KEARSE: Object to form. 23 A. I've come to understand that over 24 time, yes. 25 Q. And, in fact, if you skip over to</p>
<p style="text-align: right;">Page 367</p> <p>1 A. From the information that I've seen 2 in the most recent OSAM reports, Ohio Substance 3 Abuse Monitoring Network, black tar heroin is 4 not typically one of the more prevalent -- 5 prevalent forms of heroin. 6 Q. What are the more prevalent forms 7 of heroin that you see in Summit County? 8 A. There are different 9 characterizations. Sometimes it's 10 characterized by color. Sometimes it's 11 characterized by consistency. I don't -- I 12 don't remember particularly, but there have 13 been certain news reports that have talked 14 about heroin that appears to be like concrete 15 or cement. 16 There have been some that have been 17 characterized to -- by its -- by its color 18 being pink, I believe. That's what I -- that's 19 what I recall just from sort of in my mind's 20 eye, looking at those reports. 21 Q. Okay. This slide deck indicates 22 that the heroin that was coming into the United 23 States from Mexico that represented the number 24 one drug threat to the United States had a 25 direct link to terrorism.</p>	<p style="text-align: right;">Page 369</p> <p>1 the next slide that's titled "The Fentanyl 2 Threat" -- or maybe it's two slides on. I'm 3 sorry. 4 A. Yes. 5 Q. There's reference to both fentanyl 6 and then carfentanyl, sometimes referred to as 7 "China White," and synthetics. 8 Do you see that? 9 A. Yes, I do. 10 Q. And it says that those are produced 11 in Mexico and China and shipped to the United 12 States. Do you see that? 13 A. I do see that. 14 Q. And is that your understanding? 15 MS. KEARSE: Object to form. 16 A. Is that my understanding that it's 17 shipped from China? That's my understanding 18 based on reports from law enforcement, yes. 19 Q. And when you talk about reports 20 from law enforcement, are you talking about 21 from Summit County law enforcement? 22 A. I'm talking about from 23 presentations that I've heard when I've done 24 presentations with members from the DEA and 25 either some of our local law enforcement</p>

<p style="text-align: right;">Page 370</p> <p>1 agencies.</p> <p>2 Q. What presentations have you done</p> <p>3 with the DEA?</p> <p>4 A. We did a -- we did a presen- -- I</p> <p>5 did a presentation in Barberton, and I did</p> <p>6 another presentation in Twinsburg, where it was</p> <p>7 a panel presentation, and we looked at the</p> <p>8 problem from a variety of perspectives.</p> <p>9 - - - - -</p> <p>10 (Thereupon, Deposition Exhibit 28,</p> <p>11 OSAM Document Titled "Drug Abuse</p> <p>12 Trends in the Akron-Canton Region,"</p> <p>13 Summit 001103531 to 001103554, was</p> <p>14 marked for purposes of</p> <p>15 identification.)</p> <p>16 - - - - -</p> <p>17 Q. Okay. I'm giving you a document</p> <p>18 that I've marked as Exhibit 28 --</p> <p>19 A. Yes.</p> <p>20 Q. -- for purposes of your deposition</p> <p>21 here today.</p> <p>22 And it's a document from the Ohio</p> <p>23 Substance Abuse Monitoring Network. Is that</p> <p>24 the organization that you just referenced not a</p> <p>25 couple minutes ago in your testimony?</p>	<p style="text-align: right;">Page 372</p> <p>1 Q. So if you turn a few pages in, the</p> <p>2 numbers are -- start at page 25, so you have to</p> <p>3 get to page 31 to get to the section on heroin</p> <p>4 and fentanyl.</p> <p>5 Do you see that?</p> <p>6 A. 31 -- I'm sorry. Yes, I see that</p> <p>7 section.</p> <p>8 Q. And then that section, as you're</p> <p>9 familiar from having read these reports, they</p> <p>10 sometimes have information that they have</p> <p>11 done -- they provide information based on their</p> <p>12 investigations and discussions with individuals</p> <p>13 in the community, right?</p> <p>14 A. Yes, in part.</p> <p>15 Q. Right. And about halfway down that</p> <p>16 first paragraph in the left-hand column of page</p> <p>17 31, under the heroin and fentanyl section, do</p> <p>18 you see it says "Participants reported"?</p> <p>19 A. I do see that.</p> <p>20 Q. And then it says, "It's easier to</p> <p>21 find than weed." In other words marijuana.</p> <p>22 Do you see that?</p> <p>23 A. I do see that.</p> <p>24 Q. And do you see that that's in</p> <p>25 reference to heroin?</p>
<p style="text-align: right;">Page 371</p> <p>1 A. Yes.</p> <p>2 Q. And you're familiar with these</p> <p>3 periodic reports from the Ohio Substance Abuse</p> <p>4 Monitoring Network?</p> <p>5 A. Yes, I am.</p> <p>6 Q. Do you receive and read those when</p> <p>7 they come in?</p> <p>8 A. Yes, I do.</p> <p>9 Q. Okay. This particular report from</p> <p>10 OSAM -- which is the acronym for that entity,</p> <p>11 right?</p> <p>12 A. Correct.</p> <p>13 Q. This particular report from OSAM is</p> <p>14 from January to June 2017.</p> <p>15 Do you see that?</p> <p>16 A. No. I'm looking for the date. Oh,</p> <p>17 there it is.</p> <p>18 Q. The bottom.</p> <p>19 A. Okay. Yes.</p> <p>20 Q. And this concerns drug abuse trends</p> <p>21 in the Akron/Canton region, right?</p> <p>22 A. Yes, it is.</p> <p>23 Q. And that's where we're here today,</p> <p>24 in Akron, right?</p> <p>25 A. We are in Akron.</p>	<p style="text-align: right;">Page 373</p> <p>1 A. Yes.</p> <p>2 Q. And it says, "80 percent of my</p> <p>3 clients are on heroin." That's another report</p> <p>4 there at the bottom.</p> <p>5 MS. KEARSE: Object to form.</p> <p>6 A. It does say that, yes.</p> <p>7 Q. Okay. Are those statements</p> <p>8 consistent with your understanding of what's</p> <p>9 happening or has happened in Summit County?</p> <p>10 That it's easy to find heroin?</p> <p>11 MS. KEARSE: Object to form.</p> <p>12 A. These statements help to inform my</p> <p>13 understanding. So this -- these are, again,</p> <p>14 inputs into informing me about better</p> <p>15 understanding the problem.</p> <p>16 Q. Now, if you go a few pages in --</p> <p>17 and this goes on for a while. If you go a few</p> <p>18 more pages over, you'll see on page 34 there's</p> <p>19 a section about prescription opioids.</p> <p>20 Do you see that?</p> <p>21 A. Yes, I do.</p> <p>22 Q. And I want to direct your attention</p> <p>23 to page 35. The final paragraph that starts --</p> <p>24 I'm sorry. It's the next to last paragraph in</p> <p>25 the left-hand column of page 35 that begins,</p>

<p style="text-align: right;">Page 374</p> <p>1 "Participants and community professionals." 2 Do you see that? 3 A. I do see that. 4 Q. It says, "Participants and 5 community professionals reported that the 6 general availability of prescription opioids 7 has decreased during the last six months. 8 Participants stated the DEA really cracked down 9 on doctors." 10 See that? 11 A. I do see that. 12 Q. It goes on to say, "You almost have 13 to get your arm cut off to get them now." 14 Do you see that? 15 A. Yes. 16 Q. And then it refers to stricter laws 17 and issues surrounding overprescribing. 18 Do you see that? 19 MS. KEARSE: Object to form. 20 A. Yes, I see that. 21 Q. Are those statements consistent 22 with your understanding of the trends of opiate 23 use and abuse in Summit County -- 24 MS. KEARSE: Objection. 25 Q. -- as between heroin and</p>	<p style="text-align: right;">Page 376</p> <p>1 Ohio when it comes to drug overdose data? 2 A. Yes, it is. 3 Q. Okay. And that's something you 4 have to get from the Ohio Department of Health; 5 you can't just go to your Summit County people, 6 right? 7 A. We go through the Ohio Department 8 of Health, CDC, and other sources, yes. 9 - - - - - 10 (Thereupon, Deposition Exhibit 29, 11 Ohio Department of Health Document 12 Titled "2016 Ohio Drug Overdose 13 Data: General Findings," 14 SUMMIT_001085401 to 001085408, was 15 marked for purposes of 16 identification.) 17 - - - - - 18 Q. All right. I'm going to show you 19 one of those reports from 2016. And I'm -- 20 I've marked it as Exhibit 29. 21 It says, "Fentanyl and related 22 drugs like carfentanyl, as well as cocaine, 23 drove increase in overdose deaths." 24 Do you see that? 25 A. I see that.</p>
<p style="text-align: right;">Page 375</p> <p>1 prescription opioids? 2 A. These statements help to inform my 3 understanding. I don't know that they're 4 consistent with my understanding. They help to 5 inform my understanding. 6 Q. Are these statements inconsistent 7 with your understanding in terms of -- 8 A. These particular and my 9 understanding at the time that I read these 10 or -- or now? 11 Q. As you sit here now. 12 A. As I sit here now, I wouldn't say 13 it's inconsistent. 14 Q. Okay. Do you know that the Ohio 15 Department of Health issues periodic drug 16 overdose data reports? 17 A. Yes, I am. 18 Q. And are those reports that you 19 review? 20 A. Not always, no. 21 Q. Why not? 22 A. Because we generate our own 23 reports. 24 Q. Is it interesting to you to know 25 what the overall trends are in the state of</p>	<p style="text-align: right;">Page 377</p> <p>1 Q. And we've -- we've talked about 2 fentanyl and carfentanyl. Those are those 3 illicit substances we were talking about 4 earlier, right? 5 A. Yes. 6 Q. Okay. If you go down to the fourth 7 paragraph on this first page, do you see where 8 it says, "Fentanyl and related drugs were 9 involved in 58.2 percent of all unintentional 10 drug overdose deaths in 2016"? 11 A. Yes, I do. 12 Q. Do you agree that that trend is 13 consistent going back, actually, several years 14 before 2016, that fentanyl and related drugs 15 are driving drug overdose deaths? 16 A. They certainly played a role, yes. 17 Q. Well, it played a role, but I'm 18 asking whether or not -- 19 A. I don't know. 20 Q. -- this trend of them being the 21 primary driver actually goes back several years 22 before 2016. Do you know? 23 MS. KEARSE: Object to form. 24 A. As to whether or not they were 25 drivers, I -- I don't know. I don't know that</p>

<p style="text-align: right;">Page 378</p> <p>1 to be the case.</p> <p>2 Q. All right. Well, let's look at</p> <p>3 this a little bit further.</p> <p>4 The last full paragraph on this</p> <p>5 particular page says that the number of</p> <p>6 overdose deaths involving heroin had remained</p> <p>7 relatively flat, right, as between 2016 and</p> <p>8 2015?</p> <p>9 A. Yes.</p> <p>10 Q. Okay. And then if you turn the</p> <p>11 page to page 2 of this exhibit, there's a</p> <p>12 section entitled "Unintentional Overdose Deaths</p> <p>13 Involving Prescription Opioids Continued to</p> <p>14 Decline."</p> <p>15 Do you see that?</p> <p>16 A. I do see that.</p> <p>17 Q. Has that been true in Summit</p> <p>18 County?</p> <p>19 MS. KEARSE: Object to form.</p> <p>20 A. As I'm sitting here right now, I</p> <p>21 don't -- I don't know the answer to that</p> <p>22 question.</p> <p>23 Q. Is that something you have ever</p> <p>24 known; you just can't remember? Or is that</p> <p>25 something you've never paid attention to?</p>	<p style="text-align: right;">Page 380</p> <p>1 Q. What's your understanding as to why</p> <p>2 the number of cocaine overdose deaths goes up</p> <p>3 as between 2010 and 2016?</p> <p>4 A. Well, what I don't know about this</p> <p>5 data is whether these are drugs that -- that</p> <p>6 these drugs, while they're the cause of death,</p> <p>7 whether they were -- whether there were other</p> <p>8 substances involved, whether -- so I don't</p> <p>9 really know what to attribute the increase in</p> <p>10 cocaine deaths to be --</p> <p>11 Q. What other sub- --</p> <p>12 A. -- during --</p> <p>13 Q. -- I'm sorry. What other</p> <p>14 substances do you have in mind?</p> <p>15 A. I'm talking about having any of</p> <p>16 these mixed together in -- in a toxicology</p> <p>17 report.</p> <p>18 Q. Do you sometimes see illicit</p> <p>19 fentanyl mixed together with cocaine in the</p> <p>20 toxicology reports of an overdose death?</p> <p>21 A. I know that there is fentanyl. I</p> <p>22 don't know if it's illicit fentanyl or not. I</p> <p>23 just know that they're -- the toxicology</p> <p>24 reports will list fentanyl as one of the</p> <p>25 ingredients.</p>
<p style="text-align: right;">Page 379</p> <p>1 A. I've never really paid attention to</p> <p>2 that.</p> <p>3 Q. If you go down to Figure 2 at the</p> <p>4 bottom of that second page, do you see there's</p> <p>5 some data that's depicted in this chart?</p> <p>6 A. Yes.</p> <p>7 Q. And it compares the percentage of</p> <p>8 unintentional overdose deaths by drug from the</p> <p>9 year 2010 to the year 2016. Do you see that?</p> <p>10 A. I do see that.</p> <p>11 Q. And do you see that the number of</p> <p>12 prescription opioid deaths is dropping, really,</p> <p>13 every year between 2010 and 2016. Do you see</p> <p>14 that?</p> <p>15 A. Yes, I do see that.</p> <p>16 Q. And on the contrary -- or by</p> <p>17 contrast, I should say, fentanyl rises pretty</p> <p>18 dramatically, right?</p> <p>19 A. Yes.</p> <p>20 Q. And heroin goes up and then kind of</p> <p>21 levels off?</p> <p>22 A. Yes.</p> <p>23 Q. And then you see cocaine goes up,</p> <p>24 too, right?</p> <p>25 A. Yes, I do see that.</p>	<p style="text-align: right;">Page 381</p> <p>1 Q. Combined with cocaine?</p> <p>2 A. Yes.</p> <p>3 Q. Okay. Is Summit County claiming</p> <p>4 that the Defendants in this case are somehow</p> <p>5 responsible for overdose deaths of individuals</p> <p>6 who have overdosed on cocaine that's been cut</p> <p>7 with illicit fentanyl?</p> <p>8 MS. KEARSE: Object to form.</p> <p>9 A. I'm sorry. I didn't -- can you</p> <p>10 repeat that question, please?</p> <p>11 MR. BOEHM: I'll have the court</p> <p>12 reporter read it back.</p> <p>13 (Record read.)</p> <p>14 MS. KEARSE: Object to form.</p> <p>15 A. I don't know that we've ever made</p> <p>16 any kind of mention about cocaine --</p> <p>17 Q. Okay. So is the answer --</p> <p>18 A. -- in this lawsuit, so, no.</p> <p>19 Q. What about individuals who have</p> <p>20 overdosed on methamphetamine that's been cut by</p> <p>21 illicit fentanyl? Is Summit County claiming</p> <p>22 the Defendants are somehow responsible for</p> <p>23 those overdose deaths?</p> <p>24 MS. KEARSE: Object to form.</p> <p>25 A. I don't know that we -- I don't</p>

<p style="text-align: right;">Page 382</p> <p>1 believe that that's part of the -- part of this 2 lawsuit, no. 3 Q. Okay. What about individuals 4 who've overdosed on illicit heroin and have 5 never been prescribed a prescription opioid for 6 a legitimate medical need? Is the County 7 alleging that the Defendants in this case are 8 somehow responsible for those overdose deaths? 9 A. Yes, I believe they are. 10 Q. Okay. What's your understanding 11 about that theory? 12 A. Well, just as you see in the 13 first -- the first group of -- of prescription 14 opioids, as you see that decline over time, if 15 you look at the second, you see an increase 16 over time in fentanyl and the analogues. 17 So my belief is that the groundwork 18 was laid by the overprescribing of these 19 medications for -- for people to become 20 addicted, not have access to those med- -- 21 medications as the government shut -- shut down 22 some of the pill mills and tried to address the 23 overprescribing, and that that void was filled 24 with these other -- these other illicit 25 substances.</p>	<p style="text-align: right;">Page 384</p> <p>1 we've had topic experts who've -- who've been 2 able to help us to understand the -- the 3 relationship between the reduction in 4 prescription opioids and the fact that that's 5 left people -- 6 Q. Not -- not -- I'm sorry. Go ahead. 7 Go ahead. 8 A. -- the fact that that's left people 9 with no option other than to seek those drugs 10 on the streets, that I -- 11 Q. Not my question. 12 A. Okay. 13 MS. KEARSE: He's still -- he's 14 still answering the question. 15 MR. BOEHM: I don't think so. 16 MS. KEARSE: Well, you just cut him 17 off. 18 Q. My -- my question, just to -- just 19 to let you hear it again -- 20 MS. KEARSE: Counsel -- but, 21 Counsel, I -- if -- if you don't think it was 22 the same question, I'd appreciate you let the 23 witness still continue answering the question. 24 MR. BOEHM: I was getting a long 25 answer to -- that wasn't --</p>
<p style="text-align: right;">Page 383</p> <p>1 Q. I understand that's your belief. 2 Do you have any data, specific data, that you 3 rely on in espousing that belief? 4 A. Do I have any data? This is -- 5 this data here is pretty compelling. 6 Q. Do you believe that what you see 7 here is, by itself, enough to lead you to the 8 conclusion that you just articulated? 9 A. Not by itself it's not. 10 Q. Do you have any other data that you 11 rely on in espousing the view that you just 12 articulated? 13 A. Data? Not necessarily data, but 14 other information that I've -- that I've come 15 to understand through discussions with -- you 16 know, with individuals who've been affected by 17 this and people who study this have led me to 18 that conclusion. 19 Q. What analyses or studies are you 20 relying on for purposes of arriving at the 21 conclusion, beyond just looking at these 22 charts? 23 A. Well, I think that this is 24 something that as we've -- as we've learned 25 more and more about this epidemic, we've --</p>	<p style="text-align: right;">Page 385</p> <p>1 MS. KEARSE: Wait -- 2 MR. BOEHM: -- to something that 3 wasn't my question. 4 Let -- let me just ask it again, if 5 that's okay. 6 MS. KEARSE: Well, Counsel -- 7 MR. BOEHM: Is that fair? 8 MS. KEARSE: -- I'm just going to 9 object. If he's still answering the question, 10 let him finish -- 11 MR. BOEHM: Sure. 12 MS. KEARSE: -- and then you can -- 13 MR. BOEHM: Okay. 14 MS. KEARSE: -- ask another 15 question. 16 Q. Was there something more you wanted 17 to add there, Mr. Craig? 18 A. No. 19 Q. Okay. My question to you was what 20 specific studies or analyses or reports are you 21 relying on in arriving at the conclusion that 22 individuals who had a prescription opiate 23 addiction moved to fentanyl or other illicit 24 substances like heroin? 25 I'm -- I'm asking you specifically</p>

<p style="text-align: right;">Page 386</p> <p>1 about actual reports, not general ideas or 2 thoughts. Specific data reports or analyses 3 that you are relying on, if any, for that view. 4 MS. KEARSE: Object to form. 5 A. Well, I guess I would characterize 6 this as an analysis, and in -- when I read the 7 book Dreamland and saw what happened in 8 Portsmouth when they shut down those pill 9 mills, and the drug cartels moved in and they 10 started to sell these substances on the 11 streets, they filled a void that was left. 12 Q. Okay. Anything else besides the 13 book Dreamland? 14 A. No. But I think that -- you know, 15 I think that -- I think that that was a 16 prevailing -- that was a prevailing and -- and 17 accepted explanation for that. 18 Q. Right. But my question right now 19 is about analyses, specific analyses, reports, 20 or studies that have been performed. 21 A. No others. 22 Q. Okay. With respect to Dreamland, 23 was that written by a medical doctor? 24 A. It was written by an investiga- -- 25 investigative reporter.</p>	<p style="text-align: right;">Page 388</p> <p>1 about people who got addicted to heroin but 2 never used prescription opioids. 3 Do you remember that? 4 A. No. 5 Q. Is the County claiming that 6 Defendants are somehow responsible for 7 individuals who became addicted to 8 non-prescription opioids without ever having 9 used a prescription opioid, whether it was 10 legally obtained or not? 11 MS. KEARSE: Object to form. 12 A. No, I don't believe they are. 13 Q. Would we be able to use the claims 14 data from ADAMHS in order to separate out 15 individuals who got addicted to heroin without 16 having developed an abuse disorder with 17 prescription opioids first? 18 A. I've already answered this question 19 a number of times. 20 Q. The answer is no, right? 21 A. I've already answered this 22 question. 23 Q. Is the answer no? 24 A. I've answered this question. 25 Q. I just am confirming to make sure I</p>
<p style="text-align: right;">Page 387</p> <p>1 Q. A newspaper reporter, right? 2 A. I don't know what sort of reporter 3 he was, but he was a reporter for -- in 4 Los Angeles, I believe. 5 Q. Reporter for the Los Angeles Times, 6 right? 7 A. If you say so. 8 Q. Do you know if he has a degree in 9 public health? 10 A. I don't know what his degree is in. 11 Q. Do you know if he's an 12 epidemiologist? 13 A. I don't know if he's an 14 epidemiologist. 15 Q. Do you know if he's a 16 biostatistician? 17 A. I don't know if he's a 18 biostatistician. 19 Q. Do you know if he has any of the 20 credentials who participated in the 21 Presidential Commission report from 2017 that 22 you have not yet read? 23 A. I do not know that. 24 MS. KEARSE: Object to form. 25 Q. My original question to you was</p>	<p style="text-align: right;">Page 389</p> <p>1 understand correctly. 2 MS. KEARSE: Right. And, 3 Counsel -- 4 A. Then check the record. Check the 5 record. 6 Q. I -- I couldn't use your data to do 7 that, right? 8 MS. KEARSE: Asked and answered. 9 Objection. 10 Q. I'm going to take that as a no, so 11 correct me if I'm misunderstanding. Is that 12 fair? 13 MS. KEARSE: Counsel, Let's move 14 on. 15 MR. BOEHM: Okay. 16 - - - - - 17 (Thereupon, Deposition Exhibit 30, 18 ADM Board Document Titled "Summit 19 County Quick Response Team," 20 SUMMIT_001793050 to 001793051, was 21 marked for purposes of 22 identification.) 23 - - - - - 24 Q. I'm going to direct your attention 25 to the next exhibit. It's Exhibit 30. We've</p>

<p style="text-align: right;">Page 390</p> <p>1 gotten to a nice round number.</p> <p>2 This is -- oh -- yeah, I gave you</p> <p>3 the right one.</p> <p>4 This is an ADAMHS Board Summit</p> <p>5 County Quick Response Team memo from March</p> <p>6 2018.</p> <p>7 Do you see that?</p> <p>8 A. Yes, I do.</p> <p>9 Q. Is this something you're familiar</p> <p>10 with?</p> <p>11 A. Yes.</p> <p>12 Q. How often do you put these out?</p> <p>13 A. I don't know.</p> <p>14 Q. Okay.</p> <p>15 A. Possibly quarterly. We put</p> <p>16 maybe -- this is the only one that I'm aware of</p> <p>17 that I've seen.</p> <p>18 (Telephonic interruption.)</p> <p>19 Q. It's okay. Go ahead. This is the</p> <p>20 only one that you've seen?</p> <p>21 A. This is the only one that I'm aware</p> <p>22 of having been produced.</p> <p>23 Q. Okay. Were you aware of this one</p> <p>24 at the time it was released?</p> <p>25 A. Yes, I was.</p>	<p style="text-align: right;">Page 392</p> <p>1 a -- either a counselor or a recovery coach.</p> <p>2 They knock on the doors of people</p> <p>3 who've experienced an overdose to offer them an</p> <p>4 opportunity to get into treatment.</p> <p>5 We also provide information to</p> <p>6 family members about treatment options and also</p> <p>7 some stories that -- of individuals who've --</p> <p>8 who are in recovery as a -- a message of hope.</p> <p>9 The objective is to get that</p> <p>10 individual who's recently experienced an</p> <p>11 overdose within -- and those visits occur</p> <p>12 within a week of their overdose. The hope is</p> <p>13 that they would see that as an opportunity to</p> <p>14 engage that person in treatment.</p> <p>15 Q. Thank you. Is that something</p> <p>16 that's been effective, from your perspective,</p> <p>17 in addressing the opioid epidemic?</p> <p>18 A. It's been helpful, yes.</p> <p>19 Q. There's some reference to an ADM</p> <p>20 Helpline in the document. What is the ADM</p> <p>21 Helpline?</p> <p>22 A. The ADM Helpline is a -- a phone</p> <p>23 system that's staffed during regular business</p> <p>24 hours that allows an individual who -- or a</p> <p>25 family member who has a -- who's aware of</p>
<p style="text-align: right;">Page 391</p> <p>1 Q. Is this made available to the</p> <p>2 public?</p> <p>3 A. This was made available to the</p> <p>4 Quick Response Teams as part of the quarterly</p> <p>5 meeting, I believe.</p> <p>6 Q. Okay. And what's the purpose of</p> <p>7 the Quick Response Team report?</p> <p>8 A. This is to demonstrate the -- some</p> <p>9 of the -- some of the statistics related to the</p> <p>10 first response teams. The -- how many</p> <p>11 individuals they touched, how many of those</p> <p>12 individuals that they touched got into</p> <p>13 treatment, and -- and the number of visits that</p> <p>14 they -- that they had.</p> <p>15 Q. Okay. What are Quick Response</p> <p>16 Teams? Or is it just one thing? Is there just</p> <p>17 one team, or are there multiple teams?</p> <p>18 A. In Summit County we have nine Quick</p> <p>19 Response Teams that touch 10 communities. The</p> <p>20 communities that we touch represent about 85</p> <p>21 percent of the overdoses that have occurred in</p> <p>22 Summit County.</p> <p>23 The Quick -- each team is comprised</p> <p>24 of a police officer, a first respond- -- an</p> <p>25 EMS -- EMT, emergency medical technician, and</p>	<p style="text-align: right;">Page 393</p> <p>1 somebody with an addiction need, to get</p> <p>2 information about resources to link them into</p> <p>3 treatment.</p> <p>4 So if I'm a -- if I'm a family</p> <p>5 member and my son is with me and I want to try</p> <p>6 to get them into treatment, we can look at</p> <p>7 their insurance coverage, if they have it or</p> <p>8 not, where they live, and what's the nature of</p> <p>9 their issue or problem, and we can link them to</p> <p>10 services.</p> <p>11 Q. Got it.</p> <p>12 A. As part of -- as part of the</p> <p>13 Addiction Helpline, we -- we can track the</p> <p>14 length of time it takes from the time somebody</p> <p>15 requests an appointment to the time that they</p> <p>16 get that appointment.</p> <p>17 And also in response -- in return,</p> <p>18 the agency tells us whether or not that</p> <p>19 referral was successful.</p> <p>20 Q. On the first page of this document</p> <p>21 that's been marked as Exhibit 30 --</p> <p>22 MR. BOEHM: I think. Did I get</p> <p>23 that right? Are we on Exhibit 30?</p> <p>24 MS. KEARSE: Yeah. You said we</p> <p>25 were at a -- finally at a round number.</p>

<p style="text-align: right;">Page 394</p> <p>1 MR. BOEHM: Okay.</p> <p>2 Q. On the first page of Exhibit 30, in</p> <p>3 bottom right-hand corner, do you see a little</p> <p>4 graphic there that says, "Top five substances</p> <p>5 reported from the ADM Helpline in 2017"?</p> <p>6 A. I'm not sure which is the first</p> <p>7 page. I'm sorry.</p> <p>8 Q. Yeah. It's 3050 on the bottom</p> <p>9 right-hand corner.</p> <p>10 A. Okay. Thank you.</p> <p>11 Q. You see that --</p> <p>12 A. Oh, I'm --</p> <p>13 Q. -- graphic?</p> <p>14 A. Yes, I do see that.</p> <p>15 Q. And this tells us the top five</p> <p>16 substances that were reported from the ADM</p> <p>17 Helpline during the year of 2017, right?</p> <p>18 A. Yes.</p> <p>19 Q. And it has heroin, meth, fentanyl,</p> <p>20 alcohol, and cannabis, right?</p> <p>21 A. This information is captured</p> <p>22 directly from the individuals, so it's what</p> <p>23 they report.</p> <p>24 Q. Okay. Fair to say that</p> <p>25 prescription opioids doesn't make the list of</p>	<p style="text-align: right;">Page 396</p> <p>1 down.</p> <p>2 Q. Why do you believe that the number</p> <p>3 of drug overdose deaths has been trending</p> <p>4 downward in Summit County?</p> <p>5 A. I'd like to believe that many of</p> <p>6 the things that we put into place to mitigate</p> <p>7 the risk for people who are -- who -- who are</p> <p>8 addicted have been effective in reducing those</p> <p>9 overdoses, but I also cannot rule out the</p> <p>10 possibility that our -- the drugs that are --</p> <p>11 that are out on the street are less potent.</p> <p>12 So there could be a variety of</p> <p>13 reasons, and I can't make an attribution to any</p> <p>14 one cause, but I'd like to believe that the</p> <p>15 collective efforts of our community would be</p> <p>16 making an impact.</p> <p>17 Q. Have you ever had conversations</p> <p>18 with individuals in -- in County government or</p> <p>19 at the ADAMHS Board about the reason why the</p> <p>20 overdose deaths in Summit County has been</p> <p>21 declining recently?</p> <p>22 A. Have I had conversations?</p> <p>23 Q. About the reasons why.</p> <p>24 A. If I'm asked, I -- I suppose, yes.</p> <p>25 Q. What are the conversations? And</p>
<p style="text-align: right;">Page 395</p> <p>1 top five substances?</p> <p>2 A. It's not listed here, no.</p> <p>3 Q. Just to make sure the record is</p> <p>4 clear, so it is fair to say that prescription</p> <p>5 opioids is not in the top five of the</p> <p>6 substances reported to the ADM Helpline in</p> <p>7 2017?</p> <p>8 MS. KEARSE: Object to form.</p> <p>9 A. Yes.</p> <p>10 - - - - -</p> <p>11 (Thereupon, Deposition Exhibit 31,</p> <p>12 June 2015 E-Mail Chain between Kim</p> <p>13 McMahan and Jerry Craig Re:</p> <p>14 Prescribing, SUMMIT_001022445 to</p> <p>15 001022447, was marked for purposes</p> <p>16 of identification.)</p> <p>17 - - - - -</p> <p>18 Q. Has the overall number of drug</p> <p>19 overdose deaths in Summit County been going</p> <p>20 downward in recent years?</p> <p>21 A. The number of overdoses? Yes.</p> <p>22 Q. For how long has the trend been</p> <p>23 downward?</p> <p>24 A. Probably since November of 2017 it</p> <p>25 started -- is when it started to -- to come</p>	<p style="text-align: right;">Page 397</p> <p>1 what have -- let me back up.</p> <p>2 Are you indicating that you have</p> <p>3 been asked why drug overdose deaths have been</p> <p>4 going downward?</p> <p>5 A. I've been asked -- when presented</p> <p>6 with the data that people would say, "Why do</p> <p>7 you think this is the case?"</p> <p>8 Q. And what have you said in response?</p> <p>9 A. I'd say that a lot of our harm</p> <p>10 reduction strategies have been effective; that</p> <p>11 the potency of the -- the drugs that are out in</p> <p>12 the community are -- are -- the drugs that are</p> <p>13 out in the community are less potent, that the</p> <p>14 dealers don't want to kill off their customers;</p> <p>15 that we've done a better job of getting people</p> <p>16 into treatment faster; that we've increased the</p> <p>17 capacity of our system. A lot of those factors</p> <p>18 have, I think, weighed into that.</p> <p>19 Q. Okay. When you talk about potency</p> <p>20 being not as strong because dealers don't want</p> <p>21 to kill off their customers, are there</p> <p>22 particular illicit substances that you're</p> <p>23 referring to?</p> <p>24 A. Yes.</p> <p>25 Q. What are those?</p>

<p style="text-align: right;">Page 398</p> <p>1 A. Fentanyl and carfentanil.</p> <p>2 Q. Okay. All right. I want to direct</p> <p>3 your attention to this next document that's</p> <p>4 been marked as Exhibit 31. This is an e-mail</p> <p>5 exchange between you and that same reporter</p> <p>6 from the Akron Beacon Journal, Kim McMahan.</p> <p>7 Do you see that?</p> <p>8 A. Yes.</p> <p>9 Q. And she sends you -- if you go to</p> <p>10 the bottom -- because it's an e-mail exchange,</p> <p>11 you have to start at the bottom to --</p> <p>12 A. Uh-huh.</p> <p>13 Q. -- start at the beginning.</p> <p>14 She, in June 2015 -- I'm sorry.</p> <p>15 This is you writing to her in June 2015 at</p> <p>16 a.m., saying, "Thought you might be interested</p> <p>17 in this OARRS report."</p> <p>18 Do you see that?</p> <p>19 A. Yes.</p> <p>20 Q. And then you say, "I think this is</p> <p>21 relatively self-explanatory."</p> <p>22 Do you see that?</p> <p>23 A. Yes.</p> <p>24 Q. "Gives you an idea about</p> <p>25 prescribing practices."</p>	<p style="text-align: right;">Page 400</p> <p>1 sent her, so I -- so I would be speculating.</p> <p>2 Q. But the bottom line is you believe</p> <p>3 that data from OARRS allows you to draw a</p> <p>4 conclusion that the volume of prescription</p> <p>5 opioids in the community is a driver of the</p> <p>6 amount of addiction and overdose deaths that</p> <p>7 you see in the community?</p> <p>8 A. I think it goes back to this</p> <p>9 prospect that when you see a reduction in the</p> <p>10 number of opioids prescribed, that we have also</p> <p>11 seen that, an increase in the illicit opiates</p> <p>12 in the community.</p> <p>13 Q. Okay. And that's the question that</p> <p>14 we were asking about earlier, where I was</p> <p>15 asking you what data, specific analyses, and</p> <p>16 reports you're relying on for that connection,</p> <p>17 right?</p> <p>18 A. Sure. Yes.</p> <p>19 Q. Same -- same issue?</p> <p>20 A. Same issue.</p> <p>21 Q. A little bit later in the</p> <p>22 exchange -- this takes us to the first page of</p> <p>23 Exhibit 31 --</p> <p>24 A. Uh-huh.</p> <p>25 Q. -- Ms. McMahan writes, "Thanks. I</p>
<p style="text-align: right;">Page 399</p> <p>1 What did you have in mind when you</p> <p>2 wrote that?</p> <p>3 A. That in this -- in the OARRS</p> <p>4 reports that there are typically -- there's</p> <p>5 typically information available about</p> <p>6 per capita doses that have been prescribed.</p> <p>7 Q. Okay. Why did you think that that</p> <p>8 information might be interesting to this</p> <p>9 reporter from the local newspaper?</p> <p>10 A. Because there's an association</p> <p>11 between the number of people who have their</p> <p>12 hands on prescription medications and people</p> <p>13 who are -- fall prey to addiction.</p> <p>14 Q. And you're saying that's based on</p> <p>15 this particular OARR- -- you just thought that</p> <p>16 this OARRS report that you forwarded to her</p> <p>17 substantiated that?</p> <p>18 A. In part, yes.</p> <p>19 Q. Okay. And what was it about this</p> <p>20 OARRS report that you believe substantiated the</p> <p>21 idea that there's an association between the</p> <p>22 amount of prescription opioids available and</p> <p>23 people who, as you put it, fall prey to</p> <p>24 addiction?</p> <p>25 A. I don't remember the report that I</p>	<p style="text-align: right;">Page 401</p> <p>1 really need someone in the County to say</p> <p>2 something like (hundreds or thousands) have</p> <p>3 been saved by Narcan, because I really don't</p> <p>4 know. Since I'm reporting the deaths, I need</p> <p>5 to say something about how much it could be</p> <p>6 worse."</p> <p>7 Do you see that?</p> <p>8 A. Yes.</p> <p>9 Q. Do you know what she was trying to</p> <p>10 communicate to you? What was your</p> <p>11 understanding of what she was saying there?</p> <p>12 A. My read on it was that she wanted</p> <p>13 to get a sense if -- she wanted to know whether</p> <p>14 or not we could -- if we could quantify the</p> <p>15 number of people who had been saved by Narcan.</p> <p>16 Q. And you said you were going to try</p> <p>17 and get her something more definitive, right?</p> <p>18 A. Correct.</p> <p>19 Q. You didn't have that information at</p> <p>20 your fingertips?</p> <p>21 A. That's correct.</p> <p>22 Q. Do you know if you ever provided</p> <p>23 her with any such information?</p> <p>24 A. I don't recall.</p> <p>25 Q. Okay. The e-mail exchange that was</p>

<p style="text-align: right;">Page 402</p> <p>1 produced to us in the litigation ends with her 2 response to you where she says, "Jerry, today I 3 told someone that there have been 78 deaths 4 caused by fentanyl and heroin in Summit County 5 through June 9th." 6 Did I read that correctly? 7 A. Yes, you read that correctly. 8 Q. She goes on to say, "He said 'That 9 doesn't seem like all that many.'" 10 Do you see that? 11 A. I do see that. 12 Q. And then she says, "Ah!!!," three 13 exclamation points. 14 Do you see that? 15 A. Yes, I do see that. 16 Q. What did you understand -- did you 17 understand her to be frustrated by the fact 18 that somebody had said that doesn't seem like 19 all that many? 20 MS. KEARSE: Object to form. 21 Speculation. 22 A. I don't know -- I don't know why 23 she made that exclamation. 24 Q. What was your read of it when you 25 saw this e-mail come through?</p>	<p style="text-align: right;">Page 404</p> <p>1 SUMMIT_001039894. 2 MS. KEARSE: Whatever Exhibit 23 3 was, but thank you. 4 MR. BOEHM: And let's go off the 5 record for a moment. 6 THE VIDEOGRAPHER: Off the record, 7 7:08. 8 (A recess was taken.) 9 THE VIDEOGRAPHER: On the record, 10 7:21. 11 MR. BOEHM: Mr. Craig, thank you 12 very much for your time today. I'm going to 13 pass the -- pass my time along to 14 Ms. Feinstein. 15 MS. FEINSTEIN: Thank you. 16 EXAMINATION OF GERALD CRAIG 17 BY MS. FEINSTEIN: 18 Q. Good evening, Mr. Craig. I'll just 19 reintroduce myself briefly. I know we've all 20 been here for a long time. My name is Wendy 21 West Feinstein. I represent the Teva 22 Defendants in this litigation. 23 Do you know who the Teva Defendants 24 are? 25 A. Did you say Tubba?</p>
<p style="text-align: right;">Page 403</p> <p>1 MS. KEARSE: Object to form. 2 A. I don't know. Kim -- Kim's always 3 been sort of exuberant in her -- in her 4 interactions with me. 5 Q. Did she -- do you think she was 6 excited when she said, "Ah!!!"? 7 MS. KEARSE: Object. Asked and 8 answered. 9 A. I don't -- I don't know what 10 you'd -- I don't know why she put "Ah" with 11 three exclamation points. 12 Q. So you have no idea one way or 13 another? 14 A. No. 15 Q. Okay. You don't know if she was 16 disappointed that the number of deaths from 17 fentanyl and heroin in Summit County through 18 June 9th had caused somebody to say that's not 19 very many? 20 MS. KEARSE: Objection. Asked and 21 answered. 22 A. Again, I don't know. 23 Q. Okay. 24 MR. BOEHM: For the record, the 25 Bates number for Exhibit 23 is</p>	<p style="text-align: right;">Page 405</p> <p>1 Q. Teva. 2 A. Teva? Yes, I've -- I've heard of 3 Teva. 4 Q. Okay. Do you know Teva to be a 5 manufacturer of prescription opioids? 6 A. I'm just familiar with the name. 7 Q. Do you know whether Teva 8 manufactures prescription opioids? 9 A. I don't know that. 10 Q. Do you know why it's a defendant in 11 this case? 12 A. I know that -- that any -- any 13 company that was named in the suit has had a 14 role in the complaint. 15 Q. Do you have any understanding of 16 what role Teva played that resulted in it being 17 named in the lawsuit? 18 A. Not specifically, no. 19 Q. Earlier this evening you spoke 20 about -- or throughout the day, actually, 21 you've mentioned several times, pill mills. Do 22 you recall that testimony -- 23 A. Yes, I -- 24 Q. -- talking about pill mills? 25 Sorry.</p>

<p style="text-align: right;">Page 406</p> <p>1 A. Sorry. Yes, I do.</p> <p>2 Q. You would agree with me that pill</p> <p>3 mills are illegal operations, right?</p> <p>4 MS. KEARSE: Object to form.</p> <p>5 A. That would probably be a good way</p> <p>6 to characterize them, yes.</p> <p>7 Q. And they're -- they're shut down by</p> <p>8 the authorities because they're illegal</p> <p>9 operations, right?</p> <p>10 MS. KEARSE: Object to form.</p> <p>11 A. The ones that are shut down are</p> <p>12 shut down by the authorities because they're</p> <p>13 illegal, yes.</p> <p>14 Q. And you understand that</p> <p>15 prescription opioids, in and of themselves, are</p> <p>16 not illegal?</p> <p>17 A. That's correct.</p> <p>18 Q. So it is legal for a physician to</p> <p>19 prescribe, for a medical need, a prescription</p> <p>20 opioid in the United States, correct?</p> <p>21 A. That's correct.</p> <p>22 Q. And for some patients -- you would</p> <p>23 agree with me that for some patients suffering</p> <p>24 from pain, that a prescription opioid is the</p> <p>25 pharmaceutical product that alleviates that</p>	<p style="text-align: right;">Page 408</p> <p>1 MS. KEARSE: Object to form.</p> <p>2 A. I was not aware that the FDA has to</p> <p>3 approve those packet inserts.</p> <p>4 Q. Have you ever read the package</p> <p>5 insert for a prescription medication?</p> <p>6 A. No, I have not.</p> <p>7 Q. So you've never read the package</p> <p>8 insert that goes along with an opioid.</p> <p>9 MS. KEARSE: Object to form.</p> <p>10 A. That is correct.</p> <p>11 Q. Are you aware that the package</p> <p>12 inserts for prescription medications include</p> <p>13 information about risks associated with those</p> <p>14 pharmaceutical products?</p> <p>15 MS. KEARSE: Object to form.</p> <p>16 A. Generally, yes.</p> <p>17 Q. Are you aware that the package</p> <p>18 inserts for prescription opioids include</p> <p>19 information about the risk of addiction?</p> <p>20 MS. KEARSE: Object to form.</p> <p>21 A. Am I aware that that -- that -- I</p> <p>22 don't have direct knowledge of that, but I</p> <p>23 would -- I would tend to believe that.</p> <p>24 Q. Have you ever heard of risk</p> <p>25 evaluation and mitigation strategies with</p>
<p style="text-align: right;">Page 407</p> <p>1 pain for that patient?</p> <p>2 A. To some degree or extent, yes.</p> <p>3 Q. And you would agree that for some</p> <p>4 patients suffering from pain, that prescription</p> <p>5 opioids may be medically necessary?</p> <p>6 MS. KEARSE: Object to form.</p> <p>7 A. Yes, I would agree.</p> <p>8 Q. And that determination is made by</p> <p>9 their physician, correct?</p> <p>10 A. Yes.</p> <p>11 Q. You testified earlier today that</p> <p>12 you're not familiar with the FDA regulations</p> <p>13 that apply to pharmaceuticals, right?</p> <p>14 A. No, I -- I'm not.</p> <p>15 Q. You are not aware?</p> <p>16 A. I'm not aware.</p> <p>17 Q. Are you aware that prescription</p> <p>18 opioids are approved by the FDA?</p> <p>19 A. I believe that all drugs that are</p> <p>20 distributed through pharmacies have -- have to</p> <p>21 be approved by the FDA.</p> <p>22 Q. Are you aware that the FDA also</p> <p>23 approves what is called as a -- as a package</p> <p>24 insert that is provided along with prescription</p> <p>25 medications?</p>	<p style="text-align: right;">Page 409</p> <p>1 respect to opioids -- prescription opioids?</p> <p>2 A. Not -- not in that term and not</p> <p>3 with prescription opioids.</p> <p>4 We have a term that we call "harm</p> <p>5 reduction strategies" within our -- you know,</p> <p>6 our business.</p> <p>7 Q. Have you ever heard of -- it's</p> <p>8 sometimes also called the REMS program for</p> <p>9 prescription opioids, R-E-M-S?</p> <p>10 A. I've not heard of R-E-M-S.</p> <p>11 Q. Do you -- you mentioned earlier</p> <p>12 that you had heard of -- of Teva before. Can</p> <p>13 you please tell me whether you are familiar</p> <p>14 with the prescription opioid manufacturers who</p> <p>15 are defendants in this litigation?</p> <p>16 A. In -- in what way?</p> <p>17 Q. Are you familiar with them as, one,</p> <p>18 prescription opioid manufacturers, and, two,</p> <p>19 with what product they manufacture?</p> <p>20 A. If I was given a test, I probably</p> <p>21 could not assign a specific opioid to a</p> <p>22 specific manufacturer. Many of the</p> <p>23 manufacturers have been talked about more than</p> <p>24 others, so some of them I would recognize.</p> <p>25 Q. But you -- just kind of sitting</p>

<p style="text-align: right;">Page 410</p> <p>1 here today, you couldn't identify for me a list 2 of prescription opioid manufacturers who are 3 named in the Summit County lawsuit? 4 A. Not off the top of my head, I 5 couldn't, no. 6 Q. Do you know the prescription 7 opioid -- any prescription opioid names off the 8 top of your head, the products? 9 A. I could name some off the top of my 10 head, yes. 11 Q. What can you name off the top of 12 your head? 13 A. Opana, OxyContin, Dilaudid, 14 methadone. 15 I'm drawing a blank on -- on some 16 of the other -- morphine, and probably some 17 others that I can't think of right off the top 18 of my head. 19 Q. Do you know any of the -- do you 20 know the name of the manufacturer of any of 21 those that you just listed? 22 A. Not -- not -- I wouldn't bet the 23 house on it. 24 Q. And I believe you testified about 25 this earlier, but I just want to confirm, and I</p>	<p style="text-align: right;">Page 412</p> <p>1 a prescription opioid manufacturer? Not a 2 physician about or a researcher about a 3 prescription opioid, but false statements made 4 by a prescription opioid manufacturer that you 5 have personal knowledge of? 6 MS. KEARSE: Object to form. 7 A. No, I do not. 8 Q. Do you personally have any 9 information about any agreements between or 10 among any prescription opioid manufacturers? 11 A. No, I do not. 12 Q. Do you personally have any 13 information about anything that any of the 14 prescription opioid manufacturers did wrong in 15 Summit County? 16 MS. KEARSE: Object to form. 17 A. No, I do not. 18 MS. FEINSTEIN: Give me one second 19 to look through my notes, but I think I'm done. 20 Thank you. I will now hand the 21 microphone to one of my colleagues. I 22 appreciate your time. 23 EXAMINATION OF GERALD CRAIG 24 BY MR. MOYLAN: 25 Q. Mr. Craig, again, my name is Daniel</p>
<p style="text-align: right;">Page 411</p> <p>1 apologize if I'm repeating. 2 You have not seen any advertising, 3 direct-to-consumer advertising, for 4 prescription opioids, have you? 5 A. Not that I can recall. 6 Q. Do you personally have any 7 information about any false statements made by 8 any of the prescription opioid manufacturers in 9 this litigation? 10 A. I'm aware, through reading 11 Dreamland, that the -- that there was a letter 12 that was -- was cited by -- I don't know if it 13 was a doctor, but his name was Jick, that 14 led -- that was used to diminish the -- I'm 15 sorry. I'm having -- having a hard time 16 tracking here -- that was used to downplay the 17 addictive nature of opiates. 18 Q. Okay. Is Dr. Jick a manufacturer 19 of prescription opioids? 20 A. I don't believe that he was a -- a 21 manufacturer. 22 Q. Okay. And -- and my question was a 23 little bit different than that. My -- my 24 question is, do you personally have any 25 information about any false statements made by</p>	<p style="text-align: right;">Page 413</p> <p>1 Moylan, and I represent the CVS Defendants in 2 the litigation. I'll just have, I think, 3 relatively few questions. 4 Have you ever heard of a company 5 called CVS Indiana LLC? 6 A. I've heard of CVS, but not 7 specifically the longer version of that. 8 Q. Okay. So you haven't heard of that 9 particular entity? 10 A. Right. 11 Q. Have you heard of an entity called 12 CVS Rx Services, Inc.? 13 A. I have not. 14 Q. Okay. So is it fair to say that 15 you don't have an understanding of what either 16 of those entities' business -- what the nature 17 of that business is? 18 A. That would be a fair assessment. 19 Q. Were you aware that either of those 20 entities is a defendant in this case? 21 A. I am not aware. 22 Q. So it's fair to say that you don't 23 have an understanding of why they're named as 24 defendants? 25 A. I wouldn't -- I wouldn't go that</p>

<p style="text-align: right;">Page 414</p> <p>1 far. I think that we -- we understand that 2 certain companies have been identified as 3 having a role in the -- in the distribution of 4 large amounts of -- of medic- -- of 5 prescription pain medications. 6 Q. Okay. What do you specifically 7 know about the distribution activity of those 8 two entities that I just referred to? 9 A. I know nothing about the 10 distribution activities of those two companies. 11 Q. Okay. In addition to CVS, are you 12 aware of any other national pharmacy chains 13 that are defendants in this case? 14 A. Walmart. And that's -- that's the 15 only one I can think of right now today. 16 Q. And you know that from your review 17 of the complaint that you described earlier? 18 A. From my review of the -- from -- 19 from what I've -- not necessarily from the 20 review of the complaint. I think that I just 21 recognize that they were -- their name was -- 22 was -- was included in the -- in the suit. 23 Q. Okay. And what do you understand 24 about the nature of the claims against Walmart? 25 A. I don't -- I don't know that I've</p>	<p style="text-align: right;">Page 416</p> <p>1 of the claims against Walgreens -- 2 MS. KEARSE: Object to form. 3 Q. -- in the case? 4 MS. KEARSE: Object to form. 5 A. That's correct. 6 Q. Okay. Were you aware that of all 7 of the retail pharmacy chains that I've 8 mentioned, that none of them is sued in their 9 role as a pharmacy in this litigation? 10 A. No, I'm not aware of that. 11 Q. Okay. So you're not aware that 12 none of those entities is sued for its role in 13 dispensing prescription opioids? 14 MS. KEARSE: Object to form. 15 A. I'm not aware of that, yes -- or, 16 no. No, I'm not aware of that. 17 Q. Okay. Do you have any personal 18 knowledge or information about anything that 19 the whole- -- wholesale distributors did wrong 20 with respect to the prescription opioid 21 epidemic in Summit County? 22 MS. KEARSE: Object to form. 23 A. In Summit County, no. 24 Q. Okay. Over your tenure as 25 executive director of the ADAMHS Board, have</p>
<p style="text-align: right;">Page 415</p> <p>1 read the suit to really understand what the 2 claims are against Walmart. 3 Q. Okay. With respect to Rite Aid, 4 are you aware that they're a defendant in the 5 litigation? 6 A. I don't know if -- I don't know 7 that -- I don't know if -- if Rite Aid is a -- 8 is a -- is a defendant in this case or not. 9 Q. Okay. So it's fair to say that if 10 I represent that they are a defendant, you 11 don't have any understanding of the basis of 12 the claims against Rite Aid? 13 A. That would be correct. 14 Q. And with respect to Walgreens, were 15 you aware that they were a defendant in 16 the lit- -- in the litigation? 17 A. Well, earlier I was equivocating 18 about whether I should say Walgreens because I 19 thought I remembered seeing Walgreen, but I 20 wasn't going to speak because I wasn't sure. 21 Q. So you're not sure that they're 22 named as a defendant? 23 A. I'm not sure that they are. 24 Q. Okay. And so it's fair to say that 25 you don't have any understanding of the nature</p>	<p style="text-align: right;">Page 417</p> <p>1 you ever communicated with any CVS personnel 2 about efforts to address the opioid problem in 3 Summit County? 4 A. Have I -- I'm sorry. Could you 5 repeat the question? 6 Q. Have you ever had any personal 7 interactions with CVS personnel with respect to 8 the opioid problem in Summit County? 9 A. No. 10 Q. The same question with respect to 11 Rite Aid. Do you recall having any discussions 12 with Rite Aid personnel with respect to the 13 opioid problem in Summit County? 14 A. Yes. 15 Q. What do you remember about 16 conversations with Rite Aid personnel? 17 A. I just had a -- a conversation with 18 a pharmacist who worked at -- at one of the 19 Rite Aids where I picked up a prescription 20 and -- and asked about the use of drug disposal 21 pouches and sort of getting a sense of what 22 he's -- what he's seeing in his -- in his 23 pharmacy. 24 Q. When did this conversation happen, 25 if you remember?</p>

<p style="text-align: right;">Page 418</p> <p>1 A. Sometime within the past six 2 months. 3 Q. And it's your general understanding 4 that Rite Aid has dug -- drug distribution 5 centers at some of its pharmacies in Summit 6 County? 7 A. Yes. 8 Q. Okay. What was the -- what was the 9 nature of the discussion with the pharmacist 10 that you mentioned? 11 A. I don't recall specifically what -- 12 what I asked. I think one of the inquiries 13 that I made was whether or not they made those 14 drug disposal pouches available to customers. 15 And I also offered that our task force would be 16 willing to provide some materials to the 17 pharmacy. 18 Q. And has there been any followup 19 since then regarding the -- the issue that you 20 discussed? 21 A. I left some of that information 22 with my staff, and I don't know that they're -- 23 whether there's been followup or not. 24 Q. Do you have a sense of how many 25 Rite Aid pharmacies in Summit County have drug</p>	<p style="text-align: right;">Page 420</p> <p>1 same topic? 2 A. No, I have not. 3 Q. Okay. Are you generally familiar 4 with efforts by the retail pharmacies that I've 5 mentioned to make naloxone available without a 6 prescription? 7 MS. KEARSE: Object to form. 8 A. I know that there have been 9 pharmacies who have made naloxone available to 10 individuals without a prescription, but I don't 11 know which pharmacies those are. I don't 12 have -- I don't collect that information to -- 13 for ease of retrieval, so -- so I don't -- 14 again, I couldn't tell you which pharmacies 15 those are. 16 Q. If I represented to you that my 17 understanding is that each of the national 18 retail chains that I've referred to currently 19 make naloxone available without a prescription 20 in Summit County, does that sound correct or 21 not to you? 22 MS. KEARSE: Object to form. Asked 23 and answered. 24 A. I -- I just don't know. 25 Q. Okay.</p>
<p style="text-align: right;">Page 419</p> <p>1 distribution facilities? 2 A. I'm not aware, no. 3 Q. Which -- which particular pharmacy 4 did this pharmacist work at? 5 A. Tallmadge. 6 Q. Okay. Do you remember the name of 7 the pharmacist? 8 A. No. 9 Q. Apart from this conversation with 10 the Tallmadge pharmacist, have you had any 11 other conversations with Rite Aid personnel 12 about efforts to deal with the opioid problem 13 in Summit County? 14 A. No, I have not. 15 Q. With respect to Walgreens, do you 16 have any recollection of conversations that 17 you've had with any Walgreens personnel 18 regarding efforts to combat the opioid 19 problem -- 20 A. No. 21 Q. -- in Summit County? 22 A. I'm sorry. No, I have not. 23 Q. And same question with respect to 24 Walmart. Do you have any recollection of 25 discussions with Walmart personnel about the</p>	<p style="text-align: right;">Page 421</p> <p>1 - - - - - 2 (Thereupon, Deposition Exhibit 32, 3 9/15/2016 E-Mail Chain between 4 Douglas Smith and Jerry Craig Re: 5 Pharmacies with Naloxone, 6 SUMMIT_000870043 to 000870044, was 7 marked for purposes of 8 identification.) 9 - - - - - 10 THE WITNESS: Excuse me. 11 MR. MOYLAN: I've just handed you 12 an exhibit marked as Exhibit 32. The Bates 13 number is SUMMIT_000870043. 14 MS. KEARSE: Can I -- was there a 15 3- -- okay. I'm sorry. There was a 31. Okay. 16 Q. It appears to be an e-mail exchange 17 between you and Doug Smith, and the date of the 18 first e-mail appears to be from September 15, 19 2016. 20 The subject line of the e-mails 21 appears to be "Pharmacies with naloxone," and 22 Mr. Smith's e-mail to you appears to be a 23 response that says, "Only CVS so far in our 24 county. Amazing that Acme is not on board 25 yet."</p>

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1 What is your understanding of what
2 this exchange means as you read it today?
3 A. Based on what I'm reading here, it
4 would be pharmacies that -- that have naloxone.
5 It's not clear to me what that means, though.
6 Q. Okay. But --
7 A. Whether that means that they -- I'm
8 sorry. Whether that means that they stock it
9 or that they make it available to people free
10 of charge, or -- or how that -- you know,
11 what -- what exactly -- how that's -- what that
12 means.
13 Q. Okay. Do you recall this is an
14 exchange that you had with Doug Smith in or
15 around September of 2016?
16 A. I -- to be honest with you, I don't
17 remember this -- this exchange.
18 Q. But you don't have any doubt that
19 you did engage in this e-mail exchange with
20 him?
21 A. Yes.
22 Q. Okay.
23 - - - - -
24 (Thereupon, Deposition Exhibit 33,
25 3/29/2016 E-Mail Re: Very Important

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1 Invitation and New Information,"
2 etc., with Attachment,
3 SUMMIT_001040139 to 001040146, was
4 marked for purposes of
5 identification.)
6 - - - - -
7 Q. Just handed you what's been marked
8 as Exhibit 33. The Bates number on this
9 document is SUMMIT_001040139.
10 It appears to come from a LISTSERV,
11 and one that we've seen in a number of e-mails.
12 So when you look at the top line of the e-mail,
13 that has the "From," do you have an
14 understanding, as you look at that, what --
15 what this sender refers to?
16 A. No. What I can tell you, just to
17 add a little bit of context to this, is that I
18 was on this LISTSERV, and we got five, six, up
19 to 10 e-mails a day from this particular
20 LISTSERV, so I didn't read all of these.
21 Q. Okay. If you could scan through
22 this briefly. I'm only going to have a few
23 questions.
24 A. Okay.
25 Q. But my -- my first question is,

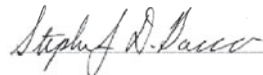
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1 does it look familiar to you as -- as a
2 LISTSERV e-mail that you did review or not?
3 A. Okay.
4 Q. Does it look like a particular
5 LISTSERV message that you recall having
6 reviewed before?
7 A. I have not, no.
8 Q. Okay. I'm just going to have a
9 couple of questions, then, about the contents.
10 If you could turn to the page with
11 the Bates number that ends in 144. It's near
12 the end.
13 MS. KEARSE: I'll have a running
14 objection that the witness does not recall
15 reading or reviewing this document before.
16 Q. Okay. You'll note near the top
17 that there -- the first full paragraph begins
18 "Rite Aid," and I would just ask you to read
19 the first sentence of that paragraph, "Rite
20 Aid" -- "Rite Aid has trained."
21 MS. KEARSE: The document speaks
22 for itself, Counsel.
23 Q. So just to read it into the record,
24 "Rite Aid has trained over 8,400 pharmacists on
25 naloxone and is dispensing naloxone to patients

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1 without needing an individual prescription in
2 10 states with plans to expand to additional
3 states."
4 My question is, do you have any
5 recollection, in reviewing that, of whether
6 Rite Aid is currently supplying naloxone
7 without a prescription within Summit County?
8 MS. KEARSE: Object to form and
9 asked and answered.
10 A. If I'm -- if I was ever aware of
11 that, I've forgotten, so I'm not -- I don't
12 have a recollection of that.
13 Q. Even today you're not aware of
14 whether Rite Aid is supplying naloxone without
15 a prescription?
16 A. I do not. I don't know for sure.
17 Q. Okay. And if you could turn to the
18 last page of the e-mail I'll read into the
19 record. There's a paragraph that states, "In
20 February, Walgreens announced that it will
21 install" -- "install safe medication disposal
22 kiosks in more than 500 drug stores across the
23 country, primarily at locations open 24 hours."
24 Were you aware whether Walgreens
25 has installed safe medication disposal kiosks

<p style="text-align: right;">Page 426</p> <p>1 at drugstores within Summit County?</p> <p>2 A. I'm not aware, no.</p> <p>3 Q. Okay. There's also a statement in</p> <p>4 that paragraph that says, "Walgreens will make</p> <p>5 naloxone available without needing an</p> <p>6 individual prescription at its 35" -- "at its</p> <p>7 pharmacies in 35 states and Washington, D.C.</p> <p>8 throughout this year."</p> <p>9 Are you aware whether Walgreens is</p> <p>10 currently supplying naloxone without a</p> <p>11 prescription in Summit County?</p> <p>12 MS. KEARSE: Objection. Asked and</p> <p>13 answered.</p> <p>14 A. I'm not aware.</p> <p>15 Q. Okay. And the last paragraph</p> <p>16 refers to CVS Health, similar content. It has</p> <p>17 worked to increase naloxone by establishing</p> <p>18 standing orders in collaborative practice</p> <p>19 agreements.</p> <p>20 The question I have is, are you</p> <p>21 aware whether CVS is currently supplying</p> <p>22 naloxone without a prescription within Summit</p> <p>23 County?</p> <p>24 MS. KEARSE: Object to form.</p> <p>25 A. I'm not aware. I don't have direct</p>	<p style="text-align: right;">Page 428</p> <p>1 MS. FEINSTEIN: Okay.</p> <p>2 THE VIDEOGRAPHER: Off the record,</p> <p>3 7:47.</p> <p>4 (A recess was taken.)</p> <p>5 THE VIDEOGRAPHER: On the record,</p> <p>6 7:58.</p> <p>7 EXAMINATION OF GERALD CRAIG</p> <p>8 BY MS. KEARSE:</p> <p>9 Q. Good evening, Mr. Craig. Thank you</p> <p>10 for being here today and answering questions of</p> <p>11 counsel. I have one question for you.</p> <p>12 What percentage of people with a</p> <p>13 substance use disorder seek treatment?</p> <p>14 A. National statistics that we've --</p> <p>15 that we've used in our presentations would</p> <p>16 indicate that fewer than 10 percent of people</p> <p>17 with substance use disorders actually touch</p> <p>18 treatment systems. So I could -- so we use</p> <p>19 those same statistics and apply those to our</p> <p>20 local community.</p> <p>21 MS. KEARSE: Thank you, Mr. Craig.</p> <p>22 That's all the question I have, and thank you</p> <p>23 for being here today.</p> <p>24 MR. BOEHM: I -- I just have one</p> <p>25 question about that.</p>
<p style="text-align: right;">Page 427</p> <p>1 knowledge.</p> <p>2 Q. Okay. The last sentence in that</p> <p>3 document says, "CVS Health has also launched a</p> <p>4 drug abuse prevention program called</p> <p>5 Pharmacists Teach, which brings CVS pharmacists</p> <p>6 into schools across the country to educate</p> <p>7 students about the dangers of drug abuse."</p> <p>8 Are you aware of the CVS</p> <p>9 pharmacists program?</p> <p>10 A. I am not.</p> <p>11 Q. And are you aware of whether the</p> <p>12 program has been rolled out or implemented</p> <p>13 within Summit County?</p> <p>14 MS. KEARSE: Object to form.</p> <p>15 A. I've not -- I've not heard that</p> <p>16 it's been rolled out in Summit County.</p> <p>17 MR. MOYLAN: Okay. That's all the</p> <p>18 questions I have. Thank you.</p> <p>19 THE WITNESS: Okay.</p> <p>20 MR. MOYLAN: So we go off the</p> <p>21 record.</p> <p>22 MS. FEINSTEIN: Any questions on</p> <p>23 the phone or anything from you guys?</p> <p>24 MS. KEARSE: I'm going to take a</p> <p>25 break, and we'll let you know.</p>	<p style="text-align: right;">Page 429</p> <p>1 EXAMINATION OF GERALD CRAIG</p> <p>2 BY MR. BOEHM:</p> <p>3 Q. With respect to the percentage of</p> <p>4 people with a substance use disorder who seek</p> <p>5 treatment in Summit County, do you have any</p> <p>6 statistical data on that particular subject?</p> <p>7 A. On that --</p> <p>8 Q. In Summit County.</p> <p>9 A. -- in Summit County?</p> <p>10 Q. Yeah.</p> <p>11 A. No.</p> <p>12 MR. BOEHM: Thanks.</p> <p>13 EXAMINATION OF GERALD CRAIG</p> <p>14 BY MS. KEARSE:</p> <p>15 Q. And, Counsel [sic], is there any</p> <p>16 reason to think that Summit County is any</p> <p>17 different from your national statistics that</p> <p>18 you just talked about?</p> <p>19 A. There's no reason to believe that.</p> <p>20 MS. KEARSE: Thank you.</p> <p>21 EXAMINATION OF GERALD CRAIG</p> <p>22 BY MR. BOEHM:</p> <p>23 Q. Is that true with respect to any</p> <p>24 statistics that we've discussed today, or are</p> <p>25 there diff- -- different demographics and</p>

<p style="text-align: right;">Page 430</p> <p>1 population-based reasons why information such 2 as that might actually vary dramatically from 3 state to state or region to -- region by 4 region? 5 A. Absent any local data, we tend to 6 use the national data. 7 Q. Okay. You don't consider yourself 8 an expert in terms of population-based 9 statistics, right? 10 A. That's correct. 11 MR. BOEHM: Okay. Thank you. 12 MS. KEARSE: That's it. 13 MS. FLOWERS: Off the record. 14 THE VIDEOGRAPHER: Off the record, 15 7:59. 16 (Deposition concluded at 7:59 p.m.) 17 ~ ~ ~ ~ 18 19 20 21 22 23 24 25</p>	<p style="text-align: right;">Page 432</p> <p>1 REPORTER'S CERTIFICATE 2 The State of Ohio,) 3 SS: 4 County of Cuyahoga.) 5 6 I, Stephen J. DeBacco, a Notary 7 Public within and for the State of Ohio, duly 8 commissioned and qualified, do hereby certify 9 that the within named witness, GERALD CRAIG, 10 was by me first duly sworn to testify the 11 truth, the whole truth and nothing but the 12 truth in the cause aforesaid; that the 13 testimony then given by the above-referenced 14 witness was by me reduced to stenotypy in the 15 presence of said witness; afterwards 16 transcribed, and that the foregoing is a true 17 and correct transcription of the testimony so 18 given by the above-referenced witness. 19 I do further certify that this 20 deposition was taken at the time and place in 21 the foregoing caption specified and was 22 completed without adjournment. 23 24 25</p>
<p style="text-align: right;">Page 431</p> <p>1 Whereupon, counsel was requested to give 2 instructions regarding the witness's review of 3 the transcript pursuant to the Civil Rules. 4 5 SIGNATURE: 6 Transcript review was requested pursuant to the 7 applicable Rules of Civil Procedure. 8 9 TRANSCRIPT DELIVERY: 10 Counsel was requested to give instructions 11 regarding delivery date of transcript. 12 13 14 15 16 17 18 19 20 21 22 23 24 25</p>	<p style="text-align: right;">Page 433</p> <p>1 I do further certify that I am not 2 a relative, counsel or attorney for either 3 party, or otherwise interested in the event of 4 this action. 5 IN WITNESS WHEREOF, I have hereunto 6 set my hand and affixed my seal of office at 7 Cleveland, Ohio, on this 16th day of 8 January, 2019. 9 10 11 12  13 14 Stephen J. DeBacco, Notary Public 15 within and for the State of Ohio 16 17 My commission expires September 30, 2022. 18 19 20 21 22 23 24 25</p>

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1 Veritext Legal Solutions
1100 Superior Ave
2 Suite 1820
3 Cleveland, Ohio 44114
4 Phone: 216-523-1313
5
6 January 16, 2019
7
8 To: Anne Kearse, Esq.
9
10 Case Name: In Re: National Prescription Opiate Litigation
11
12 Veritext Reference Number: 3182086
13
14 Witness: Gerald Craig Deposition Date: 1/11/2019
15
16 Dear Sir/Madam:
17
18 Enclosed please find a deposition transcript. Please have the witness
19 review the transcript and note any changes or corrections on the
20 included errata sheet, indicating the page, line number, change, and
21 the reason for the change. Have the witness' signature notarized and
22 forward the completed page(s) back to us at the Production address
23 shown
24 above, or email to production-midwest@veritext.com.
25 If the errata is not returned within thirty days of your receipt of
this letter, the reading and signing will be deemed waived.
Sincerely,
Production Department
NO NOTARY REQUIRED IN CA

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1 DEPOSITION REVIEW
2 CERTIFICATION OF WITNESS
3
4 ASSIGNMENT REFERENCE NO: 3182086
5 CASE NAME: In Re: National Prescription Opiate Litigation
6 DATE OF DEPOSITION: 1/11/2019
7 WITNESS' NAME: Gerald Craig
8 In accordance with the Rules of Civil
9 Procedure, I have read the entire transcript of
10 my testimony or it has been read to me.
11 I have made no changes to the testimony
12 as transcribed by the court reporter.
13
14 Date _____ Gerald Craig
15 Sworn to and subscribed before me, a
16 Notary Public in and for the State and County,
17 the referenced witness did personally appear
18 and acknowledge that:
19 They have read the transcript;
20 They signed the foregoing Sworn
21 Statement; and
22 Their execution of this Statement is of
23 their free act and deed.
24 I have affixed my name and official seal
25 this _____ day of _____, 20____.

Notary Public

Commission Expiration Date

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1 DEPOSITION REVIEW
2 CERTIFICATION OF WITNESS
3
4 ASSIGNMENT REFERENCE NO: 3182086
5 CASE NAME: In Re: National Prescription Opiate Litigation
6 DATE OF DEPOSITION: 1/11/2019
7 WITNESS' NAME: Gerald Craig
8 In accordance with the Rules of Civil
9 Procedure, I have read the entire transcript of
10 my testimony or it has been read to me.
11 I have listed my changes on the attached
12 Errata Sheet, listing page and line numbers as
13 well as the reason(s) for the change(s).
14 I request that these changes be entered
15 as part of the record of my testimony.
16
17 I have executed the Errata Sheet, as well
18 as this Certificate, and request and authorize
19 that both be appended to the transcript of my
20 testimony and be incorporated therein.
21
22 Date _____ Gerald Craig
23
24 Sworn to and subscribed before me, a
25 Notary Public in and for the State and County,
the referenced witness did personally appear
and acknowledge that:
They have read the transcript;
They have listed all of their corrections
in the appended Errata Sheet;
They signed the foregoing Sworn
Statement; and
Their execution of this Statement is of
their free act and deed.
I have affixed my name and official seal
this _____ day of _____, 20____.

Notary Public

Commission Expiration Date

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1 ERRATA SHEET
2 VERITEXT LEGAL SOLUTIONS MIDWEST
3 ASSIGNMENT NO: 1/11/2019
4 PAGE/LINE(S) / CHANGE /REASON
5 _____
6 _____
7 _____
8 _____
9 _____
10 _____
11 _____
12 _____
13 _____
14 _____
15 _____
16 _____
17 _____
18 _____
19 _____
20 Date _____ Gerald Craig
21 SUBSCRIBED AND SWORN TO BEFORE ME THIS _____
22 DAY OF _____, 20____.
23
24 _____
25 Notary Public

Commission Expiration Date

[& - 13]

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Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness; Changes.

(1) Review; Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:

(A) to review the transcript or recording; and

(B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.

(2) Changes Indicated in the Officer's Certificate. The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

DISCLAIMER: THE FOREGOING FEDERAL PROCEDURE RULES ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY.

THE ABOVE RULES ARE CURRENT AS OF SEPTEMBER 1, 2016. PLEASE REFER TO THE APPLICABLE FEDERAL RULES OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

VERITEXT LEGAL SOLUTIONS
COMPANY CERTIFICATE AND DISCLOSURE STATEMENT

Veritext Legal Solutions represents that the foregoing transcript is a true, correct and complete transcript of the colloquies, questions and answers as submitted by the court reporter. Veritext Legal Solutions further represents that the attached exhibits, if any, are true, correct and complete documents as submitted by the court reporter and/or attorneys in relation to this deposition and that the documents were processed in accordance with our litigation support and production standards.

Veritext Legal Solutions is committed to maintaining the confidentiality of client and witness information, in accordance with the regulations promulgated under the Health Insurance Portability and Accountability Act (HIPAA), as amended with respect to protected health information and the Gramm-Leach-Bliley Act, as amended, with respect to Personally Identifiable Information (PII). Physical transcripts and exhibits are managed under strict facility and personnel access controls. Electronic files of documents are stored in encrypted form and are transmitted in an encrypted fashion to authenticated parties who are permitted to access the material. Our data is hosted in a Tier 4 SSAE 16 certified facility.

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